



CDAA Membership/Payment Form

Please provide all requested information and print clearly.

Name (First, Middle Initial, Last) _____

Maiden Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Home PH () _____ Cell PH () _____

Email address: _____

Employer: _____

DA School Attended/Location: _____ Graduation year: _____

How did you hear about us? Facebook ___ Instagram ___ Website ___ Other(please specify) _____

PLEASE CHECK THE CATEGORY YOU ARE PAYING FOR:

___ CDAA/AADA/Canadian DAA Tri-level Member Dues \$85

___ CDAA Student/AADA/Canadian DAA Tri-Level Member Dues-\$65

___ CDAA/ AADA Member Dues \$40

___ CDAA Student Member Dues \$20.00

___ Canadian DAA Member Dues \$45 (please note this option is for Honorary members only)

DUES paid by: Cheque ___ E-Transfer (treasurer@calgaryrda.ca) ___ VISA ___ MC ___

***Debit /Cash only accepted in person only * make total dues payable to CDAA * Receipts will be emailed *Email payment form to calgaryrda1@gmail.com or Mail payment form to P.O. Box 1476 Didsbury AB. T0M 0W0**

- Be advised that the CDAA cannot provide you with complete services unless this form is on file with all of the requested information provided
- Information provided to the CDAA by our members will only be used for association related business. Any information provided will be used in the reasonable and usual conduct of association business including but not limited to: Employment Registry services, Awards and Recognition, Newsletters, Board and Committee business, Continuing Education, Events Registration. Unless specifically notified by an individual member of specific information that is not to be used for a specific purpose, the member gives the CDAA permission to use any information on file for the reasonable and usual conduct of association related business.
- Agree to the use of the following information by the CDAA for the reasonable and usual purposes of conducting the business of the association. I understand that it is my responsibility to advise the CDAA directly of any change to this information when it occurs. I understand that failure to do so may result in loss of benefits or services relying on this information.

I, (Print Name) _____ AB License RDA# _____ CDAA # _____

Signature _____