



## Serving Seniors Alliance Co-operative Membership Application

Applicant name:		
Professional Designation(s) and/or Accreditation(s):		
Company name:	Preferred Category:	
Address:		
Phone:	Fax:	Cell:
E-mail:	Web site:	
Are you a member of the Better Business Bureau? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List memberships in other professional organizations:		
Proxy's Name:		Proxy's e-mail:

### References (for Business & Friend Membership. Not required for Community Partners)

<b>Personal Reference</b> Name:	
Address:	
Phone:	E-mail
<b>Professional/Client Reference</b> Name:	
Address:	
Phone:	E-mail
<b>Professional /Client Reference</b> Name:	
Address:	
Phone:	E-mail

### Membership Fees

<b>Annual Dues:</b>	<input type="checkbox"/> Business Member: \$150	<input type="checkbox"/> Friend of SSA: \$75	<input type="checkbox"/> Community Partner: \$0
<b>+ One-Time Application Fee:</b>	<input type="checkbox"/> Business Member: \$100	<input type="checkbox"/> Friend of SSA: \$50	<input type="checkbox"/> Community Partner: \$0

Serving Seniors Alliance, 644 Portland Street, Suite 332, Dartmouth, NS B2W 6C4. Tel 902-499-4122  
Fax completed application to (902) 405-8332 or scan/email to [weserve@serving seniors.info](mailto:weserve@serving seniors.info)

Revised – Apr 2015

## Declaration

Page 2 of 2

1. Have you been convicted of any offence in any province, territory, state or country, or are you currently the subject of any charges? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you ever been involved in a personal or corporate bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are there any unpaid judgments against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer to any of the above questions is yes, please provide details. \_\_\_\_\_

Membership Expectations: Members are expected to conduct themselves courteously, professionally, and with the highest level of integrity, consistent with Serving Seniors Alliance's values:

- Supporting Serving Seniors Alliance by consistent attendance, payment of annual dues and volunteer hours in the service of the alliance as specified within the by-laws
- Conducting business in compliance with all applicable laws, safety rules, requirements, policies, procedures and regulations of Serving Seniors Alliance
- Providing exceptional service to our customers and members
- Treating fellow members, the families we serve and the public with respect, dignity and courtesy regardless of race, colour, gender, national origin, age, religion or disability
- Respecting and protecting the privacy of the families we serve

Serving Seniors Alliance members who are unable or unwilling to meet expectations of membership, and professional conduct will lose their membership status.

*I, \_\_\_\_\_ confirm the information presented is correct, and agree to abide by the above Membership Expectation, Serving Seniors' policies and guidelines together with the attached Serving Seniors by-laws. As a member, I acknowledge that if I do not meet the minimum annual attendance quota, my membership may be terminated forthwith.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For office use:

Reference Checks:	Dates:
_____	Received _____
_____	Checked _____
_____	Approved _____
_____	Advised _____
_____	Paid _____

Serving Seniors Alliance, 644 Portland Street, Suite 332, Dartmouth, NS B2W 6C4. Tel 902-499-4122  
Fax completed application to (902) 405-8332 or scan/email to [weserve@servingseiors.info](mailto:weserve@servingseiors.info)

Revised – Apr 2015