

Please read and agree to the following and complete the membership form indicating your level of membership.

Yearly Membership for April 2022 to March 2023

Benefits of CANAA Membership

- Subsidized cost of Breakfast Meeting attendance and CANAA hosted Workshops for first member of the Agency
- Great networking opportunity
- List of current members with their contact information for ease of access to the network
- Delivery of communications to the entire membership
- Agency promotion of website listed and linked on the CANAA website
- The opportunity to post agency activities on the CANAA website
- First priority to attend CANAA provided training sessions/workshops

Duties and Responsibilities of Voting Members

The duties of the Voting Members shall be:

- To identify a delegate to represent the member agency or the individual itself at membership meetings. Any other individual can accompany the delegate but will be an observer and will not be authorized to vote.
- To disseminate all network minutes and information to employees within your agency.
- Only one delegate can vote representing their agency
- To actively participate in and regularly attend meetings. Lack of attendance will be reviewed by the Executive Committee.
- To have the right to abstain from voting if the member does not feel comfortable making a decision because of lack of information.
- To read the minutes beforehand and provide any errors or omissions.
- To elect the Chair, Co-Chair and Treasurer at the Annual General Meeting.
- To adopt the financial reports of CANAA.

Membership Types (Please select one)

Individual members: who live and/or work in S.D.G. & A, support our mission statement and are willing to work towards the Committee's objectives (does not represent an agency). Free _____

Group/Agency Members: who carry on business or activities in S.D.G. & A., support our mission statement and are willing to work towards the Committee's objectives (paid once per agency). Free _____

Patrons/Corporate Members: who may wish to make financial contributions to CANAA and have no voting rights. \$ _____



MEMBERSHIP APPLICATION FORM

Please fill in the following:

Individual Member (Does Not Represent an Agency): _____

Group/Agency: _____

Delegate Contact: _____

E-mail: _____

Other Contact: _____

E-mail: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Please check off the boxes that apply and sign below:

- I have read and agree to the Terms of Reference as approved on August 27, 2020.
- I have read and agree to the duties and responsibilities of a voting member.
- By providing my email address above, I hereby consent to receive all CANAA emails. If the agency wishes to be removed from the mailing list, they will contact the coordinator via email.

Signature

Date

Membership Forms may be mailed to the address below or emailed to canaa.racca.coordinator@gmail.com
Community Action Network Against Abuse (CANAA)
26 Montreal Road
Cornwall, ON K6H 1B1

Office use only: Payment Amount: _____

Payment Date: _____

Payment Method: _____

Received by: _____