



# Membership Application

Thank you for your interest in Membership. Prospective members should follow the instructions provided below to become a member. Please note - the SSAC allows only one Business Member per profession or business category. Please review our current list of Business Members to determine whether your business directly competes with any existing Business Member.

- Step 1: Express your interest. Fill out and sign this **Membership Application**. You may email your completed application to the Serving Seniors Alliance Co-operative Membership Chair, Sandy Houston at [servingseniorsalliance@gmail.com](mailto:servingseniorsalliance@gmail.com). If you have any questions, please contact us at 902-499-4122.
- Step 2: Application Review. Upon receipt of your Application, the SSAC will conduct a review to determine if there are any issues/similarities between your Business and an existing member. If a conflict is found, the membership chair will contact you.
- Step 3: References. Your references will be contacted and confirm your suitability. The SSAC, as per the by-law, must unanimously approve your application. At this time, you will be notified of the SSAC decision, and your references will be contacted. Your Application status is pending approval upon receipt of satisfactory references. The SSAC will notify you of the status.
- Step 4: Invitation. You will be invited to attend an SSAC meeting to introduce yourself and give an overview of your business and then asked to leave the meeting. Members will then vote on your membership application. The SSAC, as per the by-law, must unanimously approve your application. Following the meeting, the Membership Chair will notify you of the SSAC decision.
- Step 5: Upon approved Membership, you will receive an invoice for your dues and fees. Membership does not become valid until payment for the dues and fees is received. Once received the Marketing Chair will contact you to obtain your social media and website information.

## BUSINESS INFORMATION

What percentage of your business is provided to seniors? \_\_\_\_\_ %

What is your preferred Category for membership? \_\_\_\_\_

<p>_____</p> <p>Business Name</p> <p>_____</p> <p>Last Name <span style="margin-left: 150px;">First Name</span></p> <p>_____</p> <p>Street Address / PO Box</p> <p>_____</p> <p>City <span style="margin-left: 150px;">Postal Code</span></p> <p>_____</p> <p>Phone <span style="margin-left: 150px;">Cell</span></p> <p>_____</p> <p>Email</p> <p>_____</p> <p>Website</p> <p>Does your Business have a Facebook Page? <input checked="" type="checkbox"/> Do you have a profile on LinkedIn? <input checked="" type="checkbox"/></p>	<p><b>Membership Dues</b></p> <p>ANNUAL DUES - \$160</p> <p>Serving Seniors Alliance Co-operative runs from January 1 to December 31. Annual Dues are due on January 1 or on the date of your application approval (with dues being pro-rated based on the date of your approved application).</p> <p>Members commit to consistent meeting attendance, payment of annual dues and volunteer hours in the service of the SSAC as specified within the by-laws. SSAC Marketing opportunities are available to all members</p>
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## PROXY (OPTIONAL)

Optional: Please list one proxy member to represent you in your absence.

Proxy's Name \_\_\_\_\_

Position / Title within Business \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## MEMBERSHIPS & PROFESSIONAL DESIGNATIONS

Are you a member of the **Better Business Bureau**? Yes  No

Please list memberships in other professional organizations and any professional designations or accreditations.

### Memberships

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Professional Designations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Membership Promise

As a member of the Serving Seniors Alliance Co-operative, I promise to:

- Business Members commit to attend meetings at least 2 a year.
- Conduct myself and my business courteously, professionally, and with the highest level of integrity consistent with SSAC values.
- Provide exceptional service to our customers and members.
- To treat my fellow members, the families we serve and the public with respect, dignity and courtesy regardless of race, color, gender, national origin, age, religion or disability.
- Respecting and protecting the privacy of the families we serve
- To maintain honest and highly ethical standards during the conduct of my own business and SSAC activities

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

## Declaration

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 judgements against you?  
Yes  No

## REFERENCES

### PERSONAL Reference:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS Reference:

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS Reference:

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SSAC OFFICE USE

Application Received

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

References Checked

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

Approved Yes  No

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

Member Notified of Status

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

Invoiced

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

Payment Received

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

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

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