



# Membership Application

Thank you for your interest in Membership. Prospective members should follow the instructions provided below for becoming 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, Marie-Claire Chartrand at [servingseniorsalliance@gmail.com](mailto:servingseniorsalliance@gmail.com) or mail to Serving Seniors Alliance Co-operative, ATTN: Membership, PO Box 46074, Novalea RPO, Halifax, NS, B3K 5V8. 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 problem is found, the SSAC will contact you.
- Step 3: Your references will be contacted. Upon receipt of satisfactory references you will be invited to attend an SSAC Meeting to introduce yourself and give an overview of your business.
- Step 4: Following your presentation and departure from the meeting, the SSAC, as per the by-law, will consider your application. Then you will be notified of the decision.
- Step 5: Upon approved Membership, you will receive an invoice for your dues. Membership does not become valid until payment for the dues is received.

## BUSINESS INFORMATION

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

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

<p>Business Name _____</p> <p>Last Name _____ First Name _____</p> <p>Street Address / PO Box _____</p> <p>City _____ Postal Code _____</p> <p>Phone _____ Cell _____</p> <p>Email _____</p> <p>Website _____</p> <p>Does your Business have a Facebook Page? <input type="radio"/> Do you have a profile on LinkedIn? <input type="radio"/></p>	<p><b>Membership Type (choose one)</b></p> <p><input type="radio"/> <b>Business Member</b> Business Members are considered full members. Business 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. <b>ANNUAL DUES - \$160</b></p> <p><input type="radio"/> <b>Friend of Serving Seniors</b> Friends of Serving Seniors are non-voting associates who directly serve seniors but do not wish to attend our meetings on a regular basis. Limited marketing opportunities are limited. <b>ANNUAL DUES - \$80</b></p> <p><small>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).</small></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 one-half of the meetings, Friends of Serving Seniors commit to one meeting
- 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, colour, 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: \_\_\_\_\_