



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 or mail to Serving Seniors Alliance Co-operative, ATTN: Membership, PO Box 23184, Dartmouth PO, Dartmouth, NS, B3A 4S9. 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: Invitation. Once your Application has been reviewed and it is determined there is no issue with any other Business Member, or any other issue, you will be invited to attend an SSAC Meeting to introduce yourself and give an overview of your business.
- Step 4: References. 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 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.

BUSINESS INFORMATION

What percentage of your business is provided to seniors? _____ %

What is your preferred Category for membership? _____

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Business Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Last Name First Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Street Address / PO Box</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> City Postal Code </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Phone Cell </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Email</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Website</div> <div style="display: flex; justify-content: space-between;"> Does your Business have a Facebook Page? <input type="radio"/> Do you have a profile on LinkedIn? <input type="radio"/> </div>	<p>Membership Type (choose one)</p> <p><input type="radio"/> Business Member 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. ANNUAL DUES - \$160 ONE-TIME APPLICATION FEE - \$100</p> <p><input type="radio"/> Friend of Serving Seniors 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. ANNUAL DUES - \$80 ONE-TIME APPLICATION FEE - \$50</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 prorated 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: _____