



# ST. ALBERT & DISTRICT FURTHER EDUCATION ASSOCIATION

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Website: [www.stalbertfurthered.com](http://www.stalbertfurthered.com)

## APPLICATION FOR MEMBERSHIP

Active Member: \$50.00

Associate Member: \$100.00

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

Name of Designated Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Course Calendar contact information: (If different than above)

Billing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

How long has your organization existed in St. Albert? \_\_\_\_\_

How did you hear about the Association? \_\_\_\_\_

Why do you want to be a member of the Association? \_\_\_\_\_

What do you wish to gain from the Association and what can you contribute to the Association? \_\_\_\_\_

Do you offer your course(s) here in St. Albert?  Yes  No

How would you classify your organization?  School, College, University  Public Agency

Government  Private Agency  Non-Profit (certificate # \_\_\_\_\_)

What age group are you targeting? \_\_\_\_\_

What percentage of your program participants are adults? \_\_\_\_\_

What is the primary mandate, aim or purpose of your organization? \_\_\_\_\_

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

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Are there any other organizations with which your organization is affiliated? \_\_\_\_\_

\_\_\_\_\_

What educational services do you currently offer to the public? \_\_\_\_\_

\_\_\_\_\_

What educational services may you be offering in the future? \_\_\_\_\_

Do you maintain liability insurance for your organization's activities? \_\_\_\_\_

What safety measures for participants are implemented during your programs? \_\_\_\_\_

\_\_\_\_\_

Are your instructors suitably qualified? \_\_\_\_\_

\_\_\_\_\_

If your membership is accepted, what information would you like to have displayed on our website:

- Organization Name       email
- Website                       Phone # \_\_\_\_\_

**MEMBER RESPONSIBILITIES:**

**Associate membership** (Non-Voting Member):

- Payment of annual membership fee
- Meet all advertising deadlines
- Keep advertising accounts paid and up-to-date

**Active membership** (Voting Member):

- Responsibilities as listed above **PLUS** participation in St. Albert & District Further Education Association through **ONE** of the following:
  - (1) Attendance at AGM (Annual General Meeting)
  - (2) Attendance at General Meetings if/when called
  - (3) Serve on a committee and/or volunteer when volunteer opportunity in the Association is available
 (Name an official representative to the Association; and designate an alternate when required)

**I have read and understand my responsibilities to the Association as above.**

I, \_\_\_\_\_ (Name) of \_\_\_\_\_ (Organization), hereby request consideration of my Application for Active/Associate (please circle) Membership in the St. Albert & District Further Education Association. I agree to comply with the Constitution, Policies, Procedures and Guidelines of the Association and Alberta Advanced Education.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I enclose my cheque in the amount of: \$ \_\_\_\_\_

Please attach any organizational information; publications, brochures and program descriptions which you feel will support your application.

**Membership year is January 1 to December 31.**