

APPLICATION FOR OWNER OR ASSOCIATE MEMBERSHIP

SECTION A: FACILITY INFORMATION			
Owner, Operator	First Name	Middle Initial	Last Name
Name of Applicant	First Name	Middle Initial	Last Name
Clinic Address (Please attach address list of all facility locations, if more than one)	Street Address		Email
	City	Province	Postal Code
	Telephone		Facsimile
Total Number of Employees			
Types of Services (by facility if specific locations offer different services):			

SECTION B: MEMBERSHIP INFORMATION			
Enclosed with my application is my membership fee in the amount of:			
(please check one of the appropriate boxes and attach address list of all facility locations)			
	Member:	<input type="checkbox"/>	\$350 1-2 Clinics
	(Owner/Operator)	<input type="checkbox"/>	\$750 3-5 Clinics
		<input type="checkbox"/>	\$1,250 6-9 Clinics
		<input type="checkbox"/>	\$2,500 10-29 Clinics
		<input type="checkbox"/>	\$5,000 30+ Clinics
	Associate Member:	<input type="checkbox"/>	\$50 Clinic Employee e.g. technologist or Vendor
I am available to participate on working committees of IDCA			
		<input type="checkbox"/>	Yes <input type="checkbox"/> No

SECTION C: SIGNATORY	
Please sign and print your name clearly, along with your position and the date.	
_____	_____
Signature	Please Print Name
_____	_____
Position	Date

FOR OFFICE USE ONLY: Date Received: ____/____/____ Time Received: ____:____ AM / PM
--