

MEMBERSHIP FORM

Join or Renew with CALA

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E: cala_aqua@mac.com www.calainc.org

CALA HST# 138567912



Print clearly in black ink or type, then scan or take a photo of the completed form & email to cala_aqua@mac.com

Date (yyyy-mo-day) _____

Name: First _____ Last _____

Address _____

City _____ Prov./State _____ Country _____ PC _____

Phone: Home (____) _____ Work (____) _____

Email _____ Cell (____) _____

Facility Info: Name _____

Street, City _____

Prov _____ Postal _____ Phone _____

Contact Name _____ Contact Email _____

Membership

Individual: \$59.00 + applicable taxes.

Provider Corporate Membership:

Wave 1 (1-10): \$300.00 + tax

Wave 4 (31-40): \$1,200.00 + tax

Wave 7 (81-100): \$2,100.00 + tax

Wave 2 (11-20): \$600.00 + tax

Wave 5 (41-60): \$1,500.00 + tax

Wave 3 (21-30): \$900.00 + tax

Wave 6 (61-80): \$1,800.00 + tax

Method of Payment (Prices subject to change without notice)

PAYMENT: CALA accepts EFT, cheques to CALA Inc. or E-transfer to cala_aqua@mac.com

Please note:

- Provider Membership applications must include the full names and addresses for all 'staff' included on the membership (Use page 2 of this document to list the names and full details)
- Membership renewals including re-certification fees.

CALA Office	Received		Processed	
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