



**Alberta Disability Workers Association**

**Membership Application - Please Print Clearly**

Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_

**Membership Category and Dues: (Check One)**

<input type="checkbox"/>	<b>Regular Membership - Annual \$120 Payment</b> (single cheque or money order payable to ADWA)
<input type="checkbox"/>	<b>Regular Membership - Monthly \$10 payment by Payroll Deduction</b> (Make arrangements with your HR office if this option is available through your employer.)
<input type="checkbox"/>	<b>Student Membership – Annual \$20 Payment</b> (single cheque or money order payable to ADWA)

**Students must provide proof of full-time enrollment:**

Educational Institution: \_\_\_\_\_ Program: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

**Mail membership forms to: Alberta Disability Workers Association  
c/o 1610 29 Street North  
Lethbridge, Alberta T1H 5L3**

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*For Office Use*  
Date Received: \_\_\_\_\_ Date Dues Received: \_\_\_\_\_

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