



**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 St. Paul Abilities Network  
4637 – 45 Avenue  
St. Paul, Alberta, T0A 3A3**

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

**Connect with us**

disabilityworkers@gmail.com • www.ADWA.ca • Twitter: @AlbertaDWA  
Facebook: facebook.com/ABDisabilityWorkersAssociation