



# MEMBERSHIP FORM

Type of application: New member \_\_\_\_ Renewal of Membership \_\_\_\_

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

Organization/University \_\_\_\_\_

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

City \_\_\_\_\_ Province: \_\_\_\_\_

Country: (please identify country, if outside Canada) \_\_\_\_\_

Postal Code/Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### MEMBERSHIP CATEGORIES

*Please check your category:*

- |   |  |
|---|--|
| <input type="checkbox"/> Student Teacher \$25.00        | <input type="checkbox"/> Educational professionals \$50.00 |
| <input type="checkbox"/> First year of teaching \$25.00 | <input type="checkbox"/> Practicing teacher \$50.00        |
| <input type="checkbox"/> Retired teachers \$25.00       | <input type="checkbox"/> International Member \$50.00      |

*I have read and accept the "mandate for The Canadian Association of Inclusive Educators (CAIE)."  
(Please see page 2)*

Signature: \_\_\_\_\_

How did you hear about CAIE \_\_\_\_\_

### Payment Option (Money Order/Personal cheque)

**Please send your completed application form and cheque to:**

Gary Bunch  
Canadian Association Inclusive Educators  
100 Waterton Road  
Toronto, Ontario  
M9P 2R3

### Membership Includes:

CAIE monthly paper	Conferences (TBA)	Networking support (TBA)
Occasional bulletin	Speaker series (TBA)	20% discount on Inclusive press publications and products
Inclusive education professional resources	Informative discussion board and services via website (TBA)	

FOR OFFICE USE ONLY (receipt of membership fee) _____	DATE: _____ Membership # _____
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CAIE does not sell, trade, or otherwise share our mailing list

*"We must be the change we wish to see."*