



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."