

Name of your Organization	
Your Last Name	
Your First Name	
Your Position within the organization	
Your Professional Email Address	
Organization Address	
Organization Website	
Please select your Organizations focus:	
Environment Social Services Faith Based International Health Education Arts & Culture Sports and Recreation	
Please describe what your organization does	
How are your products/services senior focused?	
What areas of Alberta do you service?	
Age of the organization	
Did a member of the SRCA invite you? If so, please name them.	
Why do you wish to join the SRCA?	
What skills or expertise can you bring to the group?	
Please confirm you consent for electronic communications: Yes, I consent to text communications Yes, I consent to email communications No I do not consent to electronic communications	
I certify and acknowledge that I have read the SRCA Vision, Mission and Value Statement on the website www.srcalberta.org and by virtue of signing below I agree to uphold them in all of my dealings with SRCA members and referrals.	
Signature _____ Date _____	