



**Nova Scotia Residential Agencies Association
Application for Membership**

Name of Agency_____

Mailing Address_____

Phone_____ Fax_____ email_____

Name of Senior Staff Person_____

Title of Senior Staff Person_____

Number of Residents served by Agency_____

Primary Diagnosis of Residents (check all those applicable):

_____ Intellectual Disability

_____ Physical Disability

_____ Mental Health Concerns

_____ Other (please describe)

Type of Services provided by your Agency (check all those applicable)

_____ Group Homes # Homes_____ # Residents_____

_____ Developmental Residences # Homes_____ # Residents_____

_____ Supervised Apartments # Homes_____ # Residents_____

_____ Small Options # Homes_____ # Residents_____

_____ Associate Families # Families_____ # Residents_____

_____ Respite Care # Beds_____

2.

While the mandate of NSRAA is that of residential services for adults, we are interested to know whether your agency offers any other forms of service. Vocational or other types of day programs, Nursing Home, RCF, In-Home Support, might be some examples. Please use this space to list any additional services for which your agency is responsible and the numbers of individuals served:

Are all Residents adults? (19 years and over) _____

If not, how many are 19 and over? _____

Is your agency non-profit? _____

Is your agency incorporated? _____

If so, please give Registration Number _____

And, Date of Registration _____

Do you have a volunteer Board of Directors? _____

How many Board Members are there? _____

Name of Board Chairperson _____

Membership dues are based on your Society's annual budget, calculated as per the following schedule:

| | |
|-------------------------------------|-------------------|
| Less than \$500,000 per annum | \$150.00 per year |
| \$500,000 to \$1.2 million | \$300.00 per year |
| Over \$1.2 million to \$3.5 million | \$450.00 per year |
| Over \$3.5 million | \$600.00 per year |

3.

Membership dues are payable at the time of application and at the beginning of each fiscal year thereafter. Please enclose a cheque payable to Nova Scotia Residential Agencies Association.

In applying for membership in the Nova Scotia Residential Agencies Association (NSRAA), I acknowledge that I have received and reviewed the Memorandum of Association of NSRAA and agree to abide by and support the purpose and objectives of the society contained therein.

Date of Application

Signature

Name of Agency

Applications must be submitted to:

Lynda Bonnar
NSRAA Admissions Chair
PO Box 21
NewWaterford, NS
B1H 4K4