



NSRAA Application for Membership

Name of Organization:

Mailing Address:

Phone #:

Fax #:

Applicant Email:

Name of Senior Staff (applicant):

Title of senior staff:

Tier of Membership you are applying to (see attached for membership requirements before selecting):

Full Voting Membership (non-profit organizations)

Subscription Membership (open to all organizations)

1. Primary diagnoses of people supported (check all that apply):

Intellectual disability

Physical disability

Mental Health Support needs

Other (please describe):

2. Are all individuals supported 19 or over? Yes No

If no, how many individuals do you support in adult services?

3. Is your organization a non-profit? Yes No

4. Is your agency incorporated? Yes No

If yes, what is your registration number and date of registration?

Registration # Date registered

5. Do you have a volunteer Board of Directors? Yes No

If yes, how many board members do you have?

Name of board chairperson:

6. Type of supported living services your organization provides (check all that apply):

Group Homes	# of homes	# of individuals
Small option Homes	# of homes	# of individuals
Developmental Homes	# of homes	# of individuals
ILS/ILS+		# of individuals
Associate Families	# of families	# of individuals
Home Share	# of families	# of individuals
Respite Care	# of beds	
Supervised Apartments	# apartments	# of individuals
Shared Services	# apartments	# of individuals
Other, please explain:		

7. While NSRAA's mandate is supportive housing services, we are interested to know what else your agency offers. Please tell us about other programs your organization has:

Current Membership dues are listed in Appendix B of the NSRAA Membership Policy. You can request current dues amounts any time from the NSRAA Membership Committee or Executive Director.

Membership dues are payable at the time of acceptance into membership and at the beginning of each fiscal year thereafter. Payment will be a pro-rated annual amount if an applicant is accepted to their respective tier of membership during the fiscal year. Payment is required before membership is finalized.

In applying for membership in the Nova Scotia Residential Agencies Association (NSRAA), I acknowledge that I have received and reviewed the Membership Requirements addendum to this application and 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:

Applications must be submitted to:

Lora Church
 NSRAA Executive Director
 Executive.director@nsraa.ca

FOR OFFICE USE ONLY			
Date received:		Signature of recipient	
Date Forwarded to Admissions Committee:		Signature of Admissions Chair	
Date of Interview (if applicable):		Signature of interviewer	
Date of decision:		Signature of board president	
Was this application approved?	Yes		No

Notes (optional):