



OFFICE USE ONLY

DATE RECEIVED:
PAYMENT:
MEMBERSHIP NUMBER:
DATE:

Association of Caregiver & Nanny Agencies Canada (ACNA Canada)

APPLICATION FOR MEMBERSHIP FOR THE ASSOCIATION OF CAREGIVER & NANNY AGENCIES CANADA

AGENCY DETAILS

Name of Agency
Address
City Province Postal Code
Telephone Mobile Fax
Email Website
Years in Business

OWNERS DETAILS

Name of Owner (whom membership is requested)
Address (if different from above)
Telephone Mobile Fax
Email

CO-OWNERS/DIRECTORS/MANAGERS

Names	Contact Number/Email
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.....
.....

BUSINESS INFORMATION

Do you or any members of your team hold a childcare qualification? If yes please state.
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Are you a member of any other professional body? Canadian Society of Immigration Consultants, Chambers of Commerce, etc. If yes please give details.
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Have you ever had a membership declined by a professional body? If yes please give details.....

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Is this the only nanny agency you have owned? If no, please provide name of agency, address and if it is still in business.

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Do you have any other associated companies? Please provide details including company name, address and contact number. .

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OTHER INFORMATION

How did you hear about ACNA Canada?

What are the benefits you would like to gain from ACNA Canada?

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Are you willing to volunteer for any committees or task forces that may arise? If yes, what are your particular interests, abilities, or qualifications?

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AGREEMENT

I agree to abide by the ACNA Canada Code of Ethics.

Signature

Print name

Date

Please return this completed application along with \$150 annual membership fee to:

Association of Caregiver & Nanny Agencies Canada
#512 – 402 West Pender Street
Vancouver, BC V6B 1T6
Fax (604) 609-9927
Email info@acnacanada.ca