



Application for Membership

Lifetime membership - \$40 per adult

A couple may use one form.

Note: Application must be received with payment prior to death. Children under 18 years are free and covered by the parent's membership.

Applicant(s): Mr. Mrs. Miss. Ms. Dr. Rev.: _____

Address: _____

Postal Code: _____ Phone#: (____) _____

Cell#: (____) _____ Date: _____

email: _____

Please check how you heard about us.

____ Family ____ Friends ____ Website ____ Care provider / social worker

_____ Other (please describe)

If you have children under the age of 18 years, please write their legal name(s), age and date of birth. (By 18 years of age children must have their own membership) OR, use this space to communicate any message to us.

If you need help in completing this form, please call the CCMS office PH: 403-248-2044 and leave a message (out of town PH: 1-800-566-9959) Thank you.

CCMS is a Not-for-profit Society