## CALA MEMBERSHIP FORM (revised 2021)

Join or Renew with CALA

125 Lilian Drive, Toronto, Ontario, Canada, M1R 3W6 Phone: 416-751-9823 E-mail: <u>cala\_aqua@mac.com</u> Web: www.calainc.org

CALA HST# 138567912



Web. www.balano.org				C A L A	
All information must be printed a	learly in black ink	or typed. Return to	CALA by mail.		
CALA Member Number (if renewing)	ALA Member Number (if renewing) Date (mm/dd/yyyy)				
Renewing Membership	If renewing please also complete renewing section New Membership				
Membership (✓ check one) Singl	e	Provider:	Wave Number		
Name: First		Last			
Full Address					
City	Prov./State	Country	PC/Zip		
Phone: Home ()		Work (	)		
E-Mail		E-Mail 2			
Renewing Membership If you name and/or address is different to CALA records; provide previous name and/or address below.					
Facility Information: Name					
Full Address					
City	Prov./State	Country	PC/Zip		
Phone: ( )	e: _( ) Alternate Phone				
Contact Name					
Membership Options					
<b>Individual</b> : \$59.00 + applicable taxes. Membership includes: CALA events and certification updates, information on latest Aquafitness trends and industry research, sample class routines and handouts, reduced registration fees for workshops, courses and conferences. Discounts on: CALA apparel, RYKA shoes, CDs and DVD's, resource materials, opportunities to proceed with CALA training and certification, membership letter and early notification and registration for CALA events.					
Provider Memberships - same p Wave 1 (5-10): \$500.00 + tax Wave 2 (11-20): \$1000.00 + tax Wave 3 (21-30): \$1500.00 + tax	Wave 4 (31-40): \$2 Wave 5 (41-50): \$2 Wave 6 (51-60): \$2	2,000.00 + tax W 2,250.00 + tax W 2,500.00 + tax N	/ave 7 (61-80): \$3,000. /ave 8 (81+ Contact CAL ote: 1-4 must be Individ	_A)	
Method of Payment (Prices subject to change without notice					
Wave # Amount	\$	Individu	ual Amount \$		
PAYMENT: CALA only accepts e-transfer. EFT or Cheques CALA accepts cheques to CALA Inc., 125 Lilian Dr., Toronto, ON., M1R 3W6 or					

E-transfer to cala\_aqua@mac.com

## Please note:

- Provider Membership applications must include the full names and addresses for all 'staff' included on the membership (Use page 2 of this document to list the names and full details)
- Membership renewals including re-certification fees.

	CALA Office Received	Processed	
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