

CACLL Annual Membership & Confidentiality

CACLL membership is due September 15th | Active Membership fees are **\$50.00**

**Membership is valid from September 15th for one year. Rates are not pro-rated if paid past the September 15th date.*

Name:

Title:

Institution/Organization:

Address:

Telephone:

Fax:

E-mail:

I am a certified child life specialist and a current member of the Association of Child Life Professionals:

Yes

No

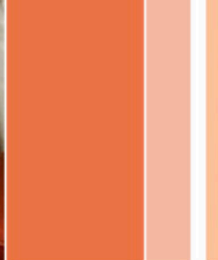
Association of Child Life Professionals Membership #:

Has there been any change in your child life position in the last year since you renewed/joined CACLL?

Yes

No

If yes, please explain so CACLL Executive may ensure you still meet the membership requirements.



Please pay your dues by e-transfer or by cheque

A. **By eTransfer:** You may e-transfer your dues using online banking and the following steps:

- Go to your online banking account and select “e-Transfer”
- Add recipient using the name: CACLL and email: caclltreasurer@gmail.com
- You will need to create a security question. Please use the following: Where is the upcoming CACLL meeting? And of course, you know the answer.

OR

B. **By cheque:** You may pay your dues by cheque using the following steps:

- Make out a cheque to the *Canadian Association of Child Life Leaders*
- Mail the cheque to the current Treasurer's address as posted on the CACLL website

Confidentiality Agreement

Canadian Association of Child Life Leaders (CACLL) Executive, all Members and Consultants.

I hereby acknowledge that I have been fully informed about the need for complete security and confidentiality in the handling of all confidential information and materials relating to the Canadian Association of Child Life Leaders. I will not disclose CACLL's confidential information to anyone, except 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where I am compelled to do so by a court or pursuant to the rules of a court. I affirm that I know of no past breach of confidentiality. I further agree that I will not allow any breach in security in the future and will report any breach that I witness or come to know about. I understand that if I violate any of these requirements, rules or regulations, I will be subject to investigation.

Print Name:

Role with CACLL:

Signature:

Date:

Please email this completed form to the CACLL Treasurer: caclltreasurer@gmail.com

Thank you!

Submit Form

Clear Form