**ACDS Full Membership Application**

**Advocating for, supporting, and elevating**

**the Community Disability Services sector in Alberta**

**Direct voice and influence** to advance public policy related to the Community Disability Services (CDS) sector, through participation on various committees and other member engagement vehicles



**Members-only portal** on the ACDS website, with first access to ACDS research, tools, resources, and more



**Exclusive invitation** to participate in membership engagement initiatives, pilots and projects



**Significantly-reduced rates** for ACDS training and development programs and ACDS events, including the ACDS Annual Conference, as well as group benefits, insurance and first aid

**Informative updates** from ACDS on policy, government relations, other relevant news and developments, as well as resources relevant to the sector

**Promotion of your organization** through the ACDS website and ACDS social media platforms



**Participation** in creating and revising industry standards



**Criteria for Membership**

**Membership Eligibility** (Bylaw #1):

1. **ACDS Full Member:** (voting)Membership may be granted to any organization that demonstrates full compliance with the Alberta Council of Disability Services (ACDS) code of ethics, is Creating Excellence Together (CET) Accredited (or equivalent), and whose primary function is to provide services and/or supports to people who have mental, physical or developmental disabilities which create barriers to participation in their communities, within the province of Alberta.
2. **Associate Member:** (non-voting) Membership may be granted to any individual, family or organization that demonstrates full compliance with the ACDS code of ethics and has interests specific to services to individuals with mental, physical or developmental disabilities but is not required to be CET Accredited (or equivalent) or is currently in the process of being accredited.
3. **Affiliate Member:** (non-voting) Membership may be granted to any corporation/organization or individual that supports the work of ACDS but does **not** provide direct services to people who have mental, physical or developmental disabilities.

**Voting Powers** (Bylaw #22, 23, 24 & 25):

1. Full Members present will have one vote at an Annual General Meeting or a Special Meeting. There shall be no voting by proxy.
2. Associate Members and Affiliate Members will have **no voting** privileges at an Annual General Meeting or a Special/Extraordinary Meeting.
3. Notwithstanding s.23. any Individual Associate Member elected to the Board of Directors will be granted voting privileges for the duration of their term as long as they remain a Director in good standing.
4. The privilege of attendance and participation at the Annual General Meeting or any Special Meeting without the right to vote may be extended to any person or agency by the Board of Directors.

**In addition to the above by-law criteria, membership acceptance will be conditional to the following:**

1. Adherence to the ACDS’ Ethical Principles (enclosed);
2. Compliance with CET Accreditation or equivalent (ACDS Full Member Category only);
3. Future true and correct representation of ACDS and its environs;
4. Accurate and timely information on the Application Form (enclosed); and
5. Payment of fees as per by-law 2.c.

**Fee Schedule for Membership**

Membership fees are based on PDD Funding (last submitted Schedule D – Actual Invoiced Total Revenue) for each member organization. Organizations shall include the total PDD Revenue in Alberta.

The ACDS Board commits to reviewing the fee structure every three years.

The ACDS Board of Directors has the power to revise the membership fee schedule from time-to-time as it sees fit.

Current fees as of April 1, 2024.

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| --- | --- |
| **PDD FUNDING**  (Last submitted Schedule D – Actual Invoiced Total Revenue) | **ACDS FULL MEMBER** FEES |
|  |  |
| $0 – 500,000 | $750.00 |
| $500,001 – 1 million | $1,400.00 |
| 1 million – 2 million | $2,100.00 |
| 2 million – 5 million | $3,000.00 |
| 5 million – 10 million | $3,500.00 |
| 10 million – 20 million | $4,000.00 |
| Over 20 million | $4,500.00 |
|  |  |
| GST # R106692676 | **Membership fees are GST exempt** |

The ACDS membership renewal process begins in February of each year. At that time each member will be sent a Renewal Form accompanied by an invoice for the membership fee paid the previous year. **Members bear the responsibility to update this fee in accordance to changes in their annual PDD Funding Revenue.**

The membership year is defined as at March 31, as per ACDS’ fiscal year (bylaw #3.b).

A member is in arrears of payment of fees as of April 30, unless waived by the Board of Directors (bylaw #2.c). A member in good standing shall be defined as one whose dues for the current fiscal year are paid in full (bylaw #3.a).

Application for Membership

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Application Date: |  | | | | | | |
| Service Provider: |  | | | | | | |
| Mailing Address: |  | | | | | | | |
| Street Address: |  | | | | | | | |
| City: |  | | | Prov. |  | P. Code: |  | |
| Telephone: |  | Fax #: |  | | | | |
| Website Address: |  | Email: |  | | | | |
| CEO Name: |  | | | | | | |
| Title: |  | | | | | | |
| Board Chair Name: |  | | | | | | |

**[all information from this point will remain confidential]**

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| --- | --- | --- | --- |
| Societies Number: |  | Renewal Date: |  |

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| --- | --- |
| Legal Operating Authority (Municipal/Provincial/Federal: |  |

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| Provide a brief history of your organization including the date of incorporation (start up) and the original purpose and services. |  |

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| **Is the organization accredited?** | Yes |  | No |  | |
|  | CET Level 1 |  | CET Level 2 | |  |

|  |  |
| --- | --- |
| Name of accrediting organization (if not CET): |  |

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| If **no**, what is the status toward accreditation compliance? |  |

**Summary of Service(s)**

Please summarize each division of your organization included in this application for membership with ACDS. Please attach additional sheets as required.

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| Operations began in (year) | | | |  | | | | |
| Number of individuals receiving service: | | | | |  | | |
| Number of staff: | Full-time | |  | | | Part-time |  | | | |
| Types of Service: | |  | | | | | | | | | |
| Approximate number of volunteers involved in your organization | | | | | | | | | |  | |

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| **Attach the following support documentation** (must be provided to process the application)**:**   1. Organization’s By-Laws, Mission Statement and Statements of Purpose. 2. A list of current Board of Directors, including their positions and responsibilities. |

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| **Membership type:** | ACDS Full Membership | |  |  |  |
|  |  | |  |  |  |
| **Membership Fee:** | Chq. Enclosed $ |  | | Please invoice |  |

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| **Canada's Anti-spam Law (CASL), Bill C-28. The law establishes a regulatory framework for permission-based electronic messaging, including mass email messages. CASL requires recipients to explicitly “opt-in” to receiving emails and other electronic communication.**  **To maintain communication, ACDS often sends mass electronic messages (e.g., newsletters and industry updates) via email to members. By providing your email address in this application you are giving ACDS permission to contact you electronically.**  **Please note, as required by the legislation, all mass electronic messages coming from ACDS will always include an option to “opt-out” whereby your consent to ACDS to email you will be revoked.** |

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| **I HEREBY CERTIFY** that the information provided in this form is complete, true and correct to the best of my knowledge.**:** | |
|  |  |
| **(President or CEO)** | **(Date)** |

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| --- | --- |
| **I declare adherence to the ACDS Ethical Principles (attached):** | |
|  |  |
| **(President or CEO)** | **(Date)** |

Ethical Principles of the

Alberta Council of Disability Services

## Respect for the Dignity of Persons

* Demonstrates, in all activities, their respect for the dignity of service recipients, professionals, and the other individuals and organizations with which they interact.
* Acts in a fair and non-discriminatory manner in selecting, assessing and providing services.
* Treats their employees justly and in a non-discriminatory manner.
* Conducts business with service providers and professionals in a fair and non-discriminatory manner.

## Responsible Caring

* Demonstrates their commitment to quality supports and services to people with disabilities in all their activities.
* Cares about the well-being of the people served, and work with service recipients and their legal representatives to secure and provide services that maintain and improve the recipient’s well-being.
* Are committed to the well-being of their employees.
* Makes business decisions that reflect the fact that the primary business of disability service agencies is the provision of quality supports and services to people with disabilities.

## Integrity in Relationships

* Honest in all their dealings with service recipients, professionals and other individuals and organizations.
* Represents the type, limitations, and appropriateness of their services to recipients and their legal representatives honestly and accurately.
* Acts with integrity in their dealings with their employees.
* Represents themselves and their services honestly to service recipients and to other organizations in the community.

## Social Responsibility

* Advocates for changes that will benefit the people served; in the belief that society’s welfare is affected by its treatment of those who are in the margins of society.
* Are committed to developing and providing the best services available.
* Encourages employees to question policies and practices that may harm people with disabilities.
* Educates individuals and organizations with whom they do business regarding how best to accommodate people with disabilities.

Approved: September 2012