



Association of Caregiver & Nanny Agencies Canada (ACNA Canada)

<b>OFFICE USE ONLY</b>
DATE RECEIVED: .....
PAYMENT: .....
MEMBERSHIP NUMBER: .....
DATE: .....

**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 .....

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**OWNERS DETAILS**

Name of Owner (whom membership is requested) .....

Address (if different from above) .....

Telephone..... Mobile ..... Fax .....

Email.....

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**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. ....

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

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

**OTHER INFORMATION**

How did you hear about ACNA Canada? .....

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

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

**AGREEMENT**

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

Signature .....

Print name .....

Date .....

Please return this completed application along with \$250 .-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@acnaonline.org](mailto:info@acnaonline.org)