



MEMBERSHIP APPLICATION

Different Types of EAPAT Memberships

Individual Membership

For individuals who are involved or interested in the delivery of Employee Assistance Programs. This membership provides for full attendance at all EAPAT Educational Seminars including the Annual General Meeting. It also provides listing in the Membership Directory.

Organizational Membership

Entitles the organization to all benefits of individual membership and allows three (3) individuals of the organization to attend the educational seminars. Membership cards will show the organization's name.

Student Membership

This membership includes any full-time students who are attending a college or university and are interested in joining the EAPAT Association. It provides the opportunity to attend all educational seminars.

For all new members/renewals, EAPAT will provide the following:
Individual Membership will entitle the member to attend all Seminars and receive, in addition, (2) two guest passes.
Organizational Membership entitles three members to attend all Seminars and receive, in addition, (6) six guest passes.

Please indicate the type of membership you are selecting....

**INDIVIDUAL
Membership**

\$125.00
Per Year

**ORGANIZATIONAL*
Membership**

\$340.00
Per Year

**STUDENT
Membership**

\$40.00
Per Year

*** ORGANIZATIONAL MEMBERSHIP INCLUDES 3 MEMBERS**

Name of Contact Person: _____

(All mailings will be directed to contact person)

If you were referred by an EAPAT member, please enter his/her name:

EAPAT memberships are for twelve (12) months from the renewal date or initial payment of membership fees.

Please complete the form on the second page....



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EAPAT memberships are for twelve (12) months from the renewal date or initial payment of membership fees.

Print information as you would like it to appear in the Membership Directory. Return completed form and fee as soon as possible, but no later than one month before the expiration date of your current membership.

Name: _____

Member/Contact Person: _____
Last Name First Name Initials

Position/Title: _____

Organization: _____

Mailing Address: _____

(Postal Code)

Email Address: _____

Telephone – Business: () _____ **Fax:** () _____

1. Please indicate your major purpose for holding a membership in EAPAT:

- Education Networking Employment Opportunities
 Resource Information Other (specify) _____

2. Please indicate your occupational title/position:

- Internal EAP provider External EAP Provider
 Human Resources Professional Treatment Resource
 Union/Peer Referral Private Practitioner
 Benefit Consultant Other (specify) _____

Amount Enclosed: \$ _____

Signature _____ **Date:** _____

**Mail Membership application(s) and cheque or money order payable to EAP Association of Toronto to: TREASURER
EMPLOYEE ASSISTANCE PROGRAM ASSOCIATION
OF TORONTO
101 - 33 HAZELTON AVENUE, LOWER LEVEL, BOX 35
TORONTO, ONTARIO M5R 2E3**