**Membership Renewal 2025**

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| --- |
| Personal Profile |
|  |
|       |  |       |  |
| Last name \* |  | First name\* |  |
|       |  |       |
| Address\* |  | Town/City\* |
|       |  |       |
| Province\* |  | Postal Code\* |
|       |  |  |  |       |  |  |
| Telephone (home) |  |  |  | Email |  |  |
|       |  |       |
| Preferred Language\* |  | Preferred Pronouns\* |
|  |
| Continuing Education |
|  |
| Specify at least one professional development activity in which you assisted since your last renewal / membership. It is not necessary to indicate all.      |
|       |
| According to the [Conditions of Membership](https://accp-caid.org/en/membership/dues.shtml) [Article 5.3 (f)], to renew your membership you must have participated in at least one professional development activity related to at least one skill listed in the List of Competencies in the year before the renewal, e.g., in a seminar, conference, workshop, specialized certificate, university course, etc. You must also provide official or unofficial proof of participation in the activity, such as a digital copy of the announcement, a receipt or certificate, etc. |
| Professional information |
|  |
|       |  |       |  |
| Current employer\* |  | Title\* |  |
|       |  |       |
| Address\* |  | Town/City\* |
|       |  |       |
| Province\* |  | Postal Code\* |
|       |  |  |  |       |  |  |
| Telephone (work)\* |  | Cellular |  |  |
|       |  |       |
| Email\* |  | LinkedIn |
|       |  |       |
| Twitter |  | Personal Website |
|  |
| Authorization to Include Contact Information on the Association Website |
| **By default, the names of the members are listed on the Association’s website in its Directory.**Check one:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| I do not want my personal information to appear in the Association’s Directory and want to be treated as an anonymous member.  |  |  |
| I agree that the following information can be posted on the Association’s website. |  |  |

 |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Employer’s name | [ ]  | [ ]  | Title (occupation) | [ ]  | [ ]  |
| Email | [ ]  | [ ]  | Twitter | [ ]  | [ ]  |
| Personal Website | [ ]  | [ ]  | LinkedIn | [ ]  | [ ]  |
| Freelancer | [ ]  | [ ]  | Other       |
|  |  |
| Membership Options, Annual Fees and Payment Method |
| We are excited to offer you three membership options:

|  |  |  |
| --- | --- | --- |
| **Options** | **Description** | **Annual Fee** |
| Regular member renewal | This option is for Instructional Designer’s who have previously been a member and would like to renew their fees for the upcoming year. | $90 |
| Retired member renewal | This option is for those who have previously been an ACCP-CAID member, and are retired from the profession, but would like to maintain their membership and access to member events.  | $50 |
| First membership -New university graduate | This option is for recent Instructional Design graduates from a university. Recent graduate in this instance refers to within 1 year of graduation. | Free |

\* Add $10 to any membership option if you would like a physical certificate sent in the mail Please check which membership option you are applying for:[ ]  Regular member renewal [$90][ ]  Retired member renewal [$50][ ]  First membership for new university graduate [Free] |
| Please check payment method. |  |  |
| [ ]  Cheque made payable to **ACCP-CAID**[ ]  Paypal [ ]  E-Transfer to Treasurer@accp-caid.orgI certify the information I have provided is accurate and complete. |
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|       |  |       |
| Signature  |  | Date (YYYY-MM-DD) |
|  |
| **Please submit the following with your renewal form.**1. The document indicating that you participated in continuing education (digital copy of the announcement, screenshot of the online meeting, receipt or certificate, etc.). This document must be specific enough to indicate that you participated, but does not have to be “official.
2. Your membership fee payment.
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**Please submit applications:**

**Electronically:**

If you are sending documents electronically a scanned copy is acceptable. It is possible that paper documents may subsequently be requested to confirm membership.

Attach all documents to **a single email** and send to: treasurer@accp-caid.org

**By mail:**

ACCP-CAID

33008 TWP RD 264

Rocky View County, AB, T4C 2Y8

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The ACCP-CAID respects confidentiality of personal information and adheres to the Act on the Protection of Personal Information and Electronic Documents Act (PIPEDA) of the Government of Canada.