**Center Membership Category - Application Form**

*Please note: All ACENA memberships are free for 2023!*

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| **CENTER MEMBERSHIP Application**  |

Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if incorporated/registered different than above)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Director/Board/Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Tel: Center Fax:

Center General email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ACENA CE Center category membership is provided to centers who meet the following definition:** |

1. Actively operating a Conductive Education program that utilizes a qualified Conductor (conductor status verified with Director of Membership); and,

2. At least one person from the center must be currently registered as an individual ACENA member; and,

3. Choose one of the two options below *(Please check one):*

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| --- | --- |
| ***CENTER MEMBERSHIP A****- free -**The currently registered individual ACENA member (noted in #2 above) must be actively contributing to the mission of ACENA (e.g., participating on the Board, on a subcommittee, and/or in a volunteer capacity approved by the Director of Membership)* |  |
| **CENTER MEMBERSHIP B**- *free* -\* Option B does not require the active participation of a center member in the activities of ACENA but we encourage you to promote ACENA involvement to center staff (such as attending webinars, discussions, or subcommittees). |  |

I acknowledge as the principal person responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print name of CE Center)

that I am aware of all requirements for Center membership and that the Center I represent is following these. I am also aware that all correspondence and information from ACENA will be sent to me, and will commit to sharing ACENA correspondence with all other members of my Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name) (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

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| **CENTER DEMOGRAPHIC/STATISICAL Details** |
| **In order to successfully lobby and advocate for CE, ACENA needs accurate statistics, which when consolidated across the United States, Canada and Mexico, portrays a full picture of the state of conductive education in North America. Please return Page 2 with application.** |

Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Statistical information** | **Your Center** |
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| 1. Number of full-time staff working at your center | \_\_\_\_\_ Administrator/Manager\_\_\_\_\_ Conductor \_\_\_\_\_ PTs\_\_\_\_\_ OTs\_\_\_\_\_ Aides/Assistants |
| 2. Number of children served annually  | \_\_\_\_\_ # |
| 3. Number of service hours provided to children annually | \_\_\_\_\_ hrs |
| 4. Presenting conditions of children - annual percentages - must total to 100% | \_\_\_\_\_ % cerebral palsy\_\_\_\_\_ % spina bifida \_\_\_\_\_ % developmental delay\_\_\_\_\_ % pediatric stroke\_\_\_\_\_ % traumatic brain injury\_\_\_\_\_ % syndromes \_\_\_\_\_ % other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Number of adults served annually | \_\_\_\_\_ # |
| 6. Number of service hours provided to adults annually | \_\_\_\_\_ hrs |
| 7. Presenting conditions of adults - annual percentages - must total to 100% | \_\_\_\_\_ % cerebral palsy\_\_\_\_\_ % stroke survivor \_\_\_\_\_ % Parkinson’s \_\_\_\_\_ % multiple sclerosis \_\_\_\_\_ % traumatic brain injury\_\_\_\_\_ % syndromes \_\_\_\_\_ % other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. Type of services provided - check all that apply | 🞎 Parent & child🞎 Preschool with academic program🞎 Intensive camps for children🞎 Summer camps for children 🞎 After school 🞎 Child program without academic program🞎 Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Sources of funding (by percentage) | \_\_\_\_\_ % Fee for service/tuition\_\_\_\_\_ % Foundations\_\_\_\_\_ % Grants\_\_\_\_\_ % Provincial/City funding\_\_\_\_\_ % Fundraising\_\_\_\_\_ % Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_100% total |

**Please return to:**

**ACENA, PO Box 7707, Grand Rapids, MI 49510, LizFilkins@acena.org**