



Center Membership Category - Application Form

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: _____

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):*

CENTER MEMBERSHIP A - free - <i>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).</i>	
CENTER MEMBERSHIP B - US\$100 - Pay US\$100 Center membership fee* <small>* Option B does not require the active participation of a center member in the activities of ACENA</small>	

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)

CENTER DEMOGRAPHIC/STATISTICAL 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
1. Number of full-time staff working at your center	<input type="checkbox"/> Administrator/Manager <input type="checkbox"/> Conductor <input type="checkbox"/> PTs <input type="checkbox"/> OTs <input type="checkbox"/> 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%	<input type="checkbox"/> % cerebral palsy <input type="checkbox"/> % spina bifida <input type="checkbox"/> % developmental delay <input type="checkbox"/> % pediatric stroke <input type="checkbox"/> % traumatic brain injury <input type="checkbox"/> % syndromes <input type="checkbox"/> % 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%	<input type="checkbox"/> % cerebral palsy <input type="checkbox"/> % stroke survivor <input type="checkbox"/> % Parkinson's <input type="checkbox"/> % multiple sclerosis <input type="checkbox"/> % traumatic brain injury <input type="checkbox"/> % syndromes <input type="checkbox"/> % other: _____
8. Type of services provided - check all that apply	<input type="checkbox"/> Parent & child <input type="checkbox"/> Preschool with academic program <input type="checkbox"/> Intensive camps for children <input type="checkbox"/> Summer camps for children <input type="checkbox"/> After school <input type="checkbox"/> Child program without academic program <input type="checkbox"/> Other(s): _____
9. Sources of funding (by percentage)	<input type="checkbox"/> % Fee for service/tuition <input type="checkbox"/> % Foundations <input type="checkbox"/> % Grants <input type="checkbox"/> % Provincial/City funding <input type="checkbox"/> % Fundraising <input type="checkbox"/> % Other: _____ 100% total

Please return to:
ACENA, PO Box 7707, Grand Rapids, MI 49510, LizFilkins@acena.org