



Membership Registration Form

If you prefer to submit by email, send this form to assistedtravelsocietyjessica@gmail.com

First Name:

Last Name:

Company:

Street Address :

City:

Province:

Postal Code:

Cell Number:

Home/Business Number:

Email Address:

Do you have a disability? Yes No

Are you at least 18 years old? Yes No

Would you like to receive emails from CATS regarding:

Applications for funding? Yes No

Presentations about travel? Yes No

Fundraising events or opportunities? Yes No

All information is strictly confidential and will not be sold or released to any third party.