



## 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:

For a CE Center to be granted ACENA member status, all fulltime employees (FTEs) who work more than 20 hours each week for 6 months or more in a calendar year must have a current ACENA individual membership. This would include all conductors (CETs), the program administrator (PA) and any related credentialed professionals (RCPs – e.g., physiotherapists).  
There is no fee for ACENA Center membership.

I acknowledge as the principal person responsible for \_\_\_\_\_  
(print name of CE Center)

that all fulltime employees (FTEs) working more than 20 hours each week for 6 months or more in this calendar year are currently registered as individual ACENA members.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### 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
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	<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)	_____ % Fee for service/tuition _____ % Foundations _____ % Grants _____ % Provincial/City funding _____ % Fundraising _____ % Other: _____ 100% total

**Please return to:**  
**ACENA**  
**PO Box 7707,**  
**Grand Rapids, MI 49510**  
[acenaorg@acena.org](mailto:acenaorg@acena.org)