



# Conseil des arts de la Baie

## Formulaire d'adhésion 2025

I wish to become a member or renew my membership to CAB  
and receive information on all activities.

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

Email: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Type of membership

Individual (\$20 per year)

Couple (\$30 per year)

Student (\$10 per year)

Organization (\$25 per year)

For couple's memberships:

name of second person: \_\_\_\_\_

Annual membership fee: \$ \_\_\_\_\_

Personal donation: \$ \_\_\_\_\_

Total amount enclosed: \$ \_\_\_\_\_

Thank you for your support. We invite you to become a member /  
renew your membership for the year 2025 before February 28, 2025

to the following address:

**Conseil des Arts de la Baie**  
**1695, Highway 1**  
**Church Point, NS**  
**B0W 1M0**

or payment by e-transfer:

**[conseildesartsdelabaie@gmail.com](mailto:conseildesartsdelabaie@gmail.com)**

(subject: MEMBER)

Thank you for your support, Véronique  
Hogan, president

# Optional Survey on Community Diversity & Inclusion

Our funding partners encourage us to collect information about our members to help us strengthen our efforts in promoting equity and inclusion. By participating in this survey, you help us access funding opportunities aimed at supporting inclusive programs. **Your participation is completely voluntary**, and all information provided will remain confidential and be used exclusively for reporting purposes. Thank you!

Please select all that describe you.:

- |   |   |
|---|---|
| <input type="checkbox"/> African Nova Scotian         | <input type="checkbox"/> Immigrant / Newcomer / Refugee |
| <input type="checkbox"/> Mi'kmaq / Indigenous / Métis | <input type="checkbox"/> Acadian / Francophone          |
| <input type="checkbox"/> Member of a racialized group | <input type="checkbox"/> Prefer not to say              |

What languages do you speak or understand?

- Acadian / Français  
 English  
 Other: \_\_\_\_\_  
 Prefer not to say

Please select your gender identity:

- Male  
 Female  
 Other: \_\_\_\_\_  
 Prefer not to say

Do you identify as having a disability? \_\_\_\_\_

Do you consider yourself to be low-income? \_\_\_\_\_

Please select your age range:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Under 21yrs  | <input type="checkbox"/> 55 to 64 yrs |
| <input type="checkbox"/> 21 to 54 yrs | <input type="checkbox"/> Over 65 yrs  |

Do you have children who may be interested in arts activities?

Please select all age ranges that apply:

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Under 4 yrs | <input type="checkbox"/> 8 to 13 yrs  |
| <input type="checkbox"/> 4 to 7 yrs  | <input type="checkbox"/> 14 to 20 yrs |

Are you able to attend activities in the basement level (go down a staircase)? \_\_\_\_\_

Is lack of transportation an obstacle for you to participate in activities? \_\_\_\_\_

## Thanks!

Thank you for your participation. Your valuable feedback will be instrumental in helping us improve our programs and create a more inclusive art community for all.