



INVOICE

2018 CASE /ACES EMPLOYER ANNUAL MEMBERSHIP

Date: _____

Name of Company: _____


Owner/Manager/CEO: _____

Address: _____

City, Province and Postal Code: _____

E-Mail Address: _____

Phone Number: _____

Payment	Description	Amount	Check
January 1 – December 31, 2018	Employer Membership for Canadian Association for Supported Employment (CASE)	\$50.00	
	TOTAL		

*If you wish to pay via PayPal please visit the following link:
<http://www.supportedemployment.ca/membership-registration/>

Please make cheque payable to: **Canadian Association for Supported Employment**

Mail to: **Canadian Association for Supported Employment**
c/o Tracy Williams
Career Connections INC.
710-3rd Street
Brandon, MB R7A 3C8

Questions concerning this invoice can be directed to cketchen@cciwestman.ca

Thank you for your participation in the supported employment community.

www.supportedemployment.ca
www.employmentforall.ca