



Canadian Association
of Child Life Leaders
Association Canadienne
des Responsables
de Services Educatifs

CACLL APPLICATION FORM

NAME: _____

TITLE/LEADERSHIP POSITION: _____

INSTITUTION/ORGANIZATION:

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

CHILD LIFE COUNCIL MEMBERSHIP #: _____

***You must be a current member of Child Life Council in order to be a member of CACLL**

PLEASE SEND APPLICATION FORM TO:

Kathy Payette

Program Manager, Residential Services Treatment Services

Lutherwood

285 Benjamin Rd., Waterloo,

ON N2J 3Z4