



# Conseil des arts de la Baie

## Formulaire d'adhésion 2026

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, please fill out a second form and include the name  
of the second person here: \_\_\_\_\_

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

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

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

Le CAB sometimes needs volunteers to help at our activities, to hang exhibitions at Galerie Le Trécaré or to help out at La Manivelle Printmaking Studio. Can we add you to our list of volunteers? You would receive an email whenever we need a hand!

☐ Yes, I'd like to be a volunteer

Payment by e-transfer: [info@lecab.ca](mailto:info@lecab.ca)

(Please include: MEMBER + your name in the e-transfer)

or mail cheque to the following address:

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

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.:

- ☐ African Nova Scotian
- ☐ Mi'kmaq / Indigenous / Métis
- ☐ Member of a racialized group
- ☐ Immigrant / Newcomer / Refugee

- ☐ White / Caucasian
- ☐ Acadian / Francophone
- ☐ Other
- ☐ Prefer not to say

What languages do you speak or understand?

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

Please select your gender identity:

- ☐ Female
- ☐ Male
- ☐ 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 21 | <input type="checkbox"/> 41 to 54 |
| <input type="checkbox"/> 22 to 30 | <input type="checkbox"/> 55 to 64 |
| <input type="checkbox"/> 31 to 40 | <input type="checkbox"/> Over 65  |

If 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 |

## 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.