

MEMBERSHIP COMMITMENT

- Pay an annual membership fee
- Meet 3 times per year
- Promote the Geriatric Education Co-operative to prospective members
- Provide educational, training, physical, and human resources as they are able to support the Co-operative

MEMBERSHIP BENEFITS

- Be part of a larger voice advocating on behalf of the geriatric population in Grey-Bruce
- Learn about education opportunities in Grey-Bruce
- Membership price reduction on Co-operative sponsored events
- Access to shared resources, information, expertise and training opportunities
- Access to training resources
- Access to best practices advice from within Grey-Bruce and provincially
- Access to accreditation resources
- Access to free member employment advertising
- Opportunity to participate in research
- Access and input to newsletter
- Input to special events training and education
- Information sharing

VALUES

- We believe partnership is our strength
- We recognize the need for a diverse base of membership
- We recognize the need for holistic approaches to client care and are committed to promoting best practices
- We are sensitive to the impact of socio-economic issues
- We value innovation and are open to change in practice
- We embrace the diverse and multicultural aspects of Grey/Bruce
- We focus on the educational needs of service providers, caregivers and advocates
- We are evidence based driven
- We endorse a culture of learning



GREY-BRUCE GERIATRIC EDUCATION CO-OPERATIVE

c/o Alzheimer Society Grey-Bruce
753 2nd Ave East, Owen Sound, ON N4K 2G9

Phone: 519-376-7230
Toll Free 1-800-265-9013
Fax: 519-376-2428
E-mail: alzheimer@bmts.com



GREY-BRUCE GERIATRIC EDUCATION CO-OPERATIVE

VISION

The Geriatric Education Co-operative strives to develop a community of service providers, caregivers and advocates who have the knowledge and skills to serve our multicultural geriatric population within an evidence informed model of service delivery.

**Quality Education
Close to Home**

MISSION STATEMENT

The Grey-Bruce Geriatric Education Cooperative is a membership driven network of service providers, caregivers and advocates who serve the geriatric population in Grey and Bruce Counties. We are a cooperative forum that aims to advance knowledge, build capacity and promote evidence-informed practices among our membership.

MEMBERSHIP

- Geriatric service provider agencies/ businesses/corporations/Long Term Care/Retirement Homes
- Geriatric caregivers/practitioners/volunteers
- Advocates re: issues, trends, needs, government initiatives in gerontology
- Faith/cultural/seniors communities
- Educators/trainers in all aspects of geriatric service
- Students in gerontology or related fields

GOALS/OBJECTIVES

- Be proactive in identifying and addressing future directions and trends in geriatric care
- Promote ownership and sustained commitment of our membership
- Assess and be responsive to the educational needs of service providers, caregivers and advocates who support the geriatric population in Grey Bruce
- Identify and address barriers to making education accessible to service providers, caregivers and advocates
- Facilitate the provision of educational resources and opportunities that advance knowledge, build capacity and promote evidence informed practices
- Promote best practices in geriatric care and service that are specifically tailored to the unique needs and characteristics of Grey and Bruce seniors
- Provide a direct voice to policy and governance organizations and funding sources which influence educational opportunities in Grey Bruce
- Develop linkages and enhance partnerships within and outside the geographic area
- Share knowledge, financial, and human resources

MEMBERSHIP APPLICATION

Sign up for:	Price
<input type="checkbox"/> Corporate	\$150.00 /yr
<input type="checkbox"/> Individual	\$15.00 /yr
<input type="checkbox"/> Volunteer Organization	\$25.00 /yr
<input type="checkbox"/> Student/Senior	\$10.00 /yr

Name

Email Address

Contact Name and Address

Phone

Fax

Method of Payment

- ☐ Cheque
- ☐ Cash (do not mail cash)
- ☐ Visa
- ☐ MasterCard

Credit Card #

Exp. date

Signature

**Send to: Grey-Bruce Geriatric
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