

CDS Alberta – Employer Registration

Directions: Complete and save this fillable PDF form.

Email the saved form to _____@acds.ca.

Be sure to attach a copy of your organization's logo, if it is being listed in Who We Are, to your email.

Personal Information

First Name _____

Last Name _____

Your email _____

Your desired username _____

Your desired password _____

Organization Information

Name of organization _____

Address1 _____

Address2 _____

City _____

Province (if not AB) _____

Postal Code _____

Organization's email _____

Website (enter NA if none) _____

Phone1 [(xxx) xxx-xxxx] _____

Phone2 [(xxx) xxx-xxxx] _____

Fax [(xxx) xxx-xxxx] _____

Tell us what you want to do

I want to post jobs _____

List my organization in Who We Are _____

I am in this region

Northwest

Northeast

Edmonton

Central

Calgary