

Associate Membership Application

Organization: _____

Please write your agency name as it should appear on your Certificate of Membership

Address: _____

City: _____ Phone: _____

Province: _____ Fax: _____

Postal Code: _____ Email: _____

Website: _____

Main Contact: _____ Title: _____

Phone: _____ Email: _____

ED/CEO: _____ Email: _____

Board Chair: _____ Email: _____

Please circle preferred method of communication:

Phone Email Fax

ASSOCIATE MEMBER

A not-for-profit organization which does not provide direct community support services; is a municipal/provincial government organization; supports the OCSA Mission*.

Membership Fee: **\$100.00**

Please return your cheque made payable to: Ontario Community Support Association

I agree to support the OCSA Mission*

Signature: _____

Title: _____

Date: _____

If you have any questions about membership, please contact Janice Bedore, at janice.bedore@ocsa.on.ca, or 416-256-3010 / 800-267-6272 x 224, and she will be happy to answer them for you.