

## Corporate Member Application Form

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Province: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

President/CEO: \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please select preferred method of communication**

**Phone**

**Email**

**Fax**

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### CORPORATE MEMBER

A for-profit corporation, partnership or business that supports the OCSA Mission. The Mission of the Ontario Community Support Association is to strengthen and promote home and community support as the foundation of a sustainable health care system.

**Premium**  **\$995.00** – **Standard**  **\$295.00**

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 Kimberly Gignac, at [kimberly.gignac@ocsa.on.ca](mailto:kimberly.gignac@ocsa.on.ca), or 416-256-3010 / 800-267-6272 x 246.**

