

Corporate Membership Application

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

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.

Annual Membership Fee: – ~' \$\$

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 [Kim Prince](mailto:kim.prince@ocsa.on.ca), at kim.prince@ocsa.on.ca,
 or 416-256-3010 / 800-267-6272 x 2&+.**

