

## Full 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: \_\_\_\_\_

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

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

CSS Agency ID  
 Number: \_\_\_\_\_

LHIN: \_\_\_\_\_

**Please select preferred method of communication**

**Phone**

**Email**

**Fax**

### FULL MEMBER

A not-for-profit organization that provides services to individuals to assist them to live comfortably and safely in their own homes and communities and 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.

OHRS - CSS Funding Total 2015-2016: \$

Membership Fee for 2017-2018: \$

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

I agree to support the OCSA Mission and consent to receive email correspondence from OCSA.

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.**