

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 2017-2018: \$

Membership Fee for 2019-2020: \$

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 or 416-256-3010 / 800-267-6272 x 246.