

## MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

College/Institution: \_\_\_\_\_ Campus: \_\_\_\_\_

Preferred Contact Coordinates (for information e-bulletins and membership information) Home: ☐ Work: ☐

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

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

Phone #: \_\_\_\_\_

## PAYMENT OPTIONS

I would like to pay my Associate Membership fee to OCASA according to the attached OCASA Membership Fee Schedule 2011.

I would like my membership to commence on the first day of \_\_\_\_\_ (month/year):

### A. Cheque(s) enclosed (payable to OCASA)

☐ Monthly post-dated, \$22.08 (dated first day of month)

OR

☐ One Lump sum \$265.00

### B. Credit Card

☐ Monthly fee of \$22.08 (first day of each month)

OR

☐ One Lump sum \$265.00

### Payment Option B. Credit Card

Please Charge to my: ☐ VISA ☐ MasterCard

I understand that my membership will continue into the next calendar year, provided that my fees have been received by no later than January 31 of that year. A reminder will be sent by OCASA on December 1 advising of the membership fee schedule for the upcoming year.

I understand that a tax receipt will be issued by OCASA by February 28 of the following year for all membership fees paid in the previous calendar year.

CARD NUMBER

(mm/yy)

EXPIRY DATE   /

CARDHOLDER'S NAME

SIGNATURE

DATE

## PRIVACY

I understand that all information collected is kept strictly confidential and is not shared with any third party unless specific permission is given by me.

For purposes of information sharing at your local institution, please indicate your preference: I DO ☐ / DO NOT ☐ give permission for my membership status to be shared with other OCASA members at my college/institution.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax a copy of this completed Application Form to OCASA at  
 1-866-742-5430 AND if paying by cheque mail the form with payment to:  
 OCASA, Suite 410, 157 Adelaide Street West, Toronto, ON M5H 4E7