

MEMBER INFORMATION

Last Name: _____ First Name: _____

Title/Position: _____

College/Institution: _____ Campus: _____

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

Address: _____

Email Address: _____

Phone #: _____

PAYMENT OPTIONS

I would like to pay my membership fee directly 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, according to fee schedule \$ _____

B. Credit Card

- ☐ Monthly fee of \$22.08 (first business day of each month)
OR
☐ One Lump sum, according to fee schedule \$ _____

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 EXPIRY DATE / (mm/yy)

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.

To keep members informed about local college initiatives, it is helpful for the local OCASA college representative to have a membership list. Please indicate your preference: I DO ☐ / DO NOT ☐ give permission for my membership status to be shared with the OCASA college representative at my college.

For purposes of providing legal services to members, and strictly for screening purposes to confirm membership, it is helpful for OCASA's legal counsel to have a membership list. Please indicate your preference: I DO ☐ / DO NOT ☐ give permission for my membership status to be shared with OCASA's legal counsel.

Similarly, for purposes of providing other member services (for example, access to home/auto insurance), and strictly for screening purposes to confirm membership, it is helpful for the service provider to have a membership list. Please indicate your preference: I DO ☐ / DO NOT ☐ give permission for my membership status to be shared with other service providers that OCASA might contract with for enhanced member services.

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

Membership to commence on:	Total Fee Owning:
January 1, 2011	\$265.00
February 1, 2011	\$242.92
March 1, 2011	\$220.83
April 1, 2011	\$198.75
May 1, 2011	\$176.67
June 1, 2011	\$154.58
July 1, 2011	\$132.50
August 1, 2011	\$110.42
September 1, 2011	\$88.33
October 1, 2011	\$66.25
November 1, 2011	\$44.17
December 1, 2011	\$22.08

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