

Membership Renewal Application (April 1, 2025 - March 31, 2026)

MEMBERSHIP RATES (please indicate your organization's category)

Full Vo	oting Membership (client refers to all individuals receiving service from your organ \$2,500 Full Membership – 10 or fewer clients	ization)
	\$3,500 Full Membership – 11-30 clients	
	\$4,500 Full Membership – 31 – 80 clients	
	\$5,500 Full Membership – 81+ clients	
	\$2,500 New Licensee (1 st year)	
Associate Membership (non-voting) for those organizations or individuals who are not licensed and who share Ontario Care Collective's dedication to children, youth and adults receiving service. \$2,500 License applicant		
	\$1,000 Placing Agency/Partner Association	
	\$1,000 Vendor serving the sector	
	\$75 Student	
	CY/ORGANIZATION INFORMATION //Organization	
	Position	
	ss:	
City:	Postal:	
PAYM	IENT OPTIONS	
Visa, Mastercard, and cheques are accepted, with the option to pay in up to 6 installments (first payment of 25% of fee is due at the beginning. The final post-dated payment must be dated no later than November 15^{th}).		
Full Am	nount \$ Method of Payment: Cheque \(\Boxed{\text{Credit card }} \)	
25% ini	itial payment \$	
Please	charge my credit card for the balance in equal installments over the next months.	
Credit	Card #:	Expiry:
Name o	on Card: Signature:	
I,	confirm that the information on th	is application is correct.

Ontario Care Collective