



ONTARIO
CARE
COLLECTIVE

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

MEMBERSHIP RATES (please indicate your organization's category)

Full Voting Membership (client refers to all individuals receiving service from your organization)

- \$2,500 Full Membership – 10 or fewer clients
- \$3,500 Full Membership – 11-30 clients
- \$4,500 Full Membership – 31 – 80 clients
- \$5,500 Full Membership – 81+ clients
- \$2,500 New Licensee (1st 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

AGENCY/ORGANIZATION INFORMATION

Agency/Organization _____

Name: _____ Position _____

Address: _____

City: _____ Postal: _____

- Please provide **a copy of your most recent license**

PAYMENT 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 15th).

Full Amount \$ _____ Method of Payment: Cheque Credit card

25% initial payment \$ _____

Please charge my credit card for the balance in equal installments over the next ____ months.

Credit Card #: _____ Expiry: _____

Name on Card: _____ Signature: _____

I, _____ confirm that the information on this application is correct.

Ontario Care Collective

P. O. Box 21036, Ajax RPO, Ajax, ON L1S 7H2
Phone: 905-475-5437 E: info@ontariocarecollective.ca

REFERENCES (Only one reference is required if your reference is a current Ontario Care Collective member)

Required for agencies NEW to Ontario Care Collective, former members need not complete.

Name: _____
Position: _____
Company/Organization: _____
Relationship: _____
Phone: _____ Extension: _____ Fax: _____
Email: _____
Website: _____

Name: _____
Position: _____
Company/Organization: _____
Relationship: _____
Phone: _____ Extension: _____ Fax: _____
Email: _____
Website: _____

I authorize Ontario Care Collective to contact the above references.

REFERRAL AGENCIES CURRENTLY USING YOUR SERVICES

Required for agencies NEW to Ontario Care Collective, former members need not complete.

Agency: _____
Name: _____ Position: _____
City: _____ Phone: _____ Extension: _____
Email: _____

Agency: _____
Name: _____ Position: _____
City: _____ Phone: _____ Extension: _____
Email: _____

Agency: _____
Name: _____ Position: _____
City: _____ Phone: _____ Extension: _____
Email: _____

APPLICATION CHECKLIST

Please carefully review and confirm the following:

1. Agency information section completed
2. Payment indicated
3. License enclosed OR No children or adult residential programs (unlicensed)
4. I agree to inform Ontario Care Collective should there be a change to the licence(s) carried by my agency, whether a non-renewal or expansion of programming requiring an additional licence during the time in which I hold a membership with Ontario Care Collective.
5. References provided (not applicable for former Ontario Care Collective members)

Ontario Care Collective

P. O. Box 21036, Ajax RPO, Ajax, ON L1S 7H2
Phone: 905-475-5437 E: info@ontariocarecollective.ca