

OARTY Associate Membership Application

NON-RESIDENTIAL CARE PROVIDERS - INDIVIDUAL & CORPORATE

ASSOCIATE MEMBERSHIP

Associate membership is applicable to all non-residential care providers working towards a better future for Ontario's most vulnerable children and youth. The membership year runs from April 1st to March 31st.

RATES

Business Partner = \$1,000

Non-profit Association = \$500

Professional = \$250

Student = \$75

Please complete and send with payment to:

Ontario Association of Residences Treating Youth

550 Alden Road, Suite 210

Markham, Ontario L3R 6A8

Fax: 905-475-5430

Or scan and email to info@oarty.net

CONTACT INFORMATION

Salutation (please circle one): Dr. / Miss / Mr. / Mrs. / Ms.

First Name: _____ Last Name: _____

Position: _____

Organization Name: _____

Street Address: _____ City: _____ Postal: _____

Business Phone: _____ Extension: _____ Fax: _____

Website: _____ Email: _____

MEMBERSHIP DETAILS

Professional/Personal Interest in OARTY: _____

How did you find out about us? _____

TYPE OF PAYMENT

Visa, Mastercard, and cheques are accepted.

Cheque Visa Mastercard

Credit Card #: _____ Expiry: _____

Name on Card: _____ Signature: _____

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

FOR OTHER TYPES OF MEMBERSHIPS, CALL THE OARTY OFFICE AT 905-475-KIDS (5437)