



MEMBERSHIP RATES

\$2,500 INTRODUCTORY Rate: Agencies who have not previously been OARTY members.

\$2,500 INTERIM Rate: Agencies that grossed less than \$400K in the previous calendar year; provide your most recent financial statements to qualify.

\$4,500 REGULAR Rate: Past and current OARTY members.

\$1,250 MEMBER-AT-LARGE Rate: For agencies with all residential programs located outside of Ontario

\$35 Secondary Contact Rate: For each additional individual from the member agency who wishes to receive mailings and emails. (Please provide the name, title and contact information for each secondary contact)

Please complete and send with payment and a copy of your most recent license to:

Ontario Association of Residences Treating Youth
550 Alden Road, Suite 210, Markham, ON L3R 6A8
Fax: 905-475-5430 Phone: 905-475-5437 E: info@oarty.net

AGENCY INFORMATION

Agency: For Profit? Yes No

Date of First License: Accept student field placements? Yes No

Name: Position:

Street Address:

City: Postal:

Phone: Extension: Fax:

Email: Website:

of Programs: Programs Operating in:

Secondary Contact (Optional - \$35)

Name: Position:

Phone: Extension:

Email:

Why are you joining/rejoining OARTY now?

For new members: How did you find out about us?

OARTY Member (please provide the agency name) :

CAS Ministry Other (please explain):

PAYMENT

Visa, Mastercard, and cheques are accepted, with the option to pay in up to 8 installments (first cheque due within one month of receipt, final post-dated cheque must be dated no later than November 15th). A 2% processing fee applies to dues paid by credit card in 3 or more installments.

Amount \$ Method of Payment: Cheque Visa Mastercard

Credit Card #: Expiry:

Name on Card: Signature:

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

Please complete references and checklist on the opposite side.

REFERENCES (Only one reference is required if your reference is a current OARTY member)

Required for agencies NEW to OARTY, 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 OARTY to contact the above references.

REFERRAL AGENCIES CURRENTLY USING YOUR SERVICES

Required for agencies NEW to OARTY, 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 enclosed
3. License enclosed OR No children’s residential programs (unlicensed)
4. I agree to inform OARTY 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 OARTY.
5. References provided (not applicable for former OARTY members)

The following is only applicable if you are a former/current member applying at the interim rate:

I have enclosed the most recent financial statements from my agency to confirm eligibility for the interim rate.