

In Kind Canada Application Form

(Please complete all sections)

ORGANIZATION'S REGISTERED NAME:

CONTACT PERSON:

TITLE OR POSITION:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

SHIPPING ADDRESS (if different from above):

CITY:

PROVINCE:

POSTAL CODE:

TEL: ()

FAX: ()

EMAIL ADDRESS (if available):

CANADIAN CHARITABLE REGISTRATON NUMBER (BN#):

REFERRED BY:

DOES YOUR AGENCY ACCESS OASSIS GROUP HEALTH THROUGH OCSA OR OACAO?

YES NO

In Kind Canada's Annual Service Fee is a \$250.00

Send this signed form to:

In Kind Canada, National Office
6535 Millcreek Drive
Unit 78
Mississauga, ON, L5N 2M2

Please enclose the following:

- A cheque made payable to In Kind Canada for annual service fee.

I (we) have read, understand and agree to accept the terms and conditions of the In Kind Canada Program.

SIGNED

DATE

NAME PRINTED

TITLE

This application form is valid until December 31, 2004

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