

In Kind Canada Associate Application Form

(PLEASE COMPLETE ALL SECTIONS)

ORGANIZATION'S NAME:

CONTACT PERSON:

TITLE OR POSITION:

PHYSICAL ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

SHIPPING ADDRESS (if different from above):

CITY:

PROVINCE:

POSTAL CODE:

TEL: ()

FAX: ()

EMAIL ADDRESS (if available):

WEB SITE ADDRESS (if available):

REFERRED BY:

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

YES NO

In Kind Canada's Associate Membership is \$75.00

Send this signed form to:

In Kind Canada's National Office
Manager of Program Services
6535 Millcreek Drive, Units 74/75
Mississauga, ON L5N 2M2
Phone: 905 816 0900
Fax: 905 816 0870
E-mail: contact@inkindcanada.ca

Please enclose the following:

- A cheque made payable to In Kind Canada for annual Associate 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 _____