



## OACUSA MEMBERSHIP APPLICATION FORM

**Institution:**

**Address:**

Institutional Member-Voting rights  
 Associate Member-No voting rights  
 Affiliate Member- No voting rights; executive approval required

|                 |  |                      |                                |
|-----------------|--|----------------------|--------------------------------|
| Name:           |  | Institutional Member | <input type="checkbox"/> \$350 |
| Position Title: |  |                      |                                |
| Email:          |  |                      |                                |
| Office Number:  |  |                      |                                |
| Cell Phone:     |  |                      |                                |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

|                 |  |                  |                               |
|-----------------|--|------------------|-------------------------------|
| Name:           |  | Associate Member | <input type="checkbox"/> \$20 |
| Position Title: |  | Affiliate Member | <input type="checkbox"/> \$20 |
| Email:          |  |                  |                               |
| Office Number:  |  |                  |                               |
| Cell Phone:     |  |                  |                               |

Contact for invoicing if not institutional member:

Name:

email:

phone:

Please save and submit the completed application via email to:

Todd Zubyck

Director of Memberships

todd.zubyck@georgiancollege.ca