



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"/> \$50
Position Title:			
Email:			
Office Number:			
Cell Phone:			

Name:		Associate Member	<input type="checkbox"/> \$50
Position Title:			<input type="checkbox"/>
Email:			
Office Number:			
Cell Phone:			

Name:		Associate Member	<input type="checkbox"/> \$50
Position Title:			
Email:			
Office Number:			
Cell Phone:			

Additional Associate Members - fee \$25 each

Name:		Associate Member	<input type="checkbox"/> \$25
Position Title:			
Email:			
Office Number:			
Cell Phone:			

Name:		Associate Member	<input type="checkbox"/> \$25
Position Title:			
Email:			
Office Number:			
Cell Phone:			

Name:		Associate Member	<input type="checkbox"/> \$25
Position Title:			<input type="checkbox"/>
Email:			
Office Number:			
Cell Phone:			

Name:		Affiliate Member	<input type="checkbox"/> \$100
Position Title:			
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 both:

Adnan Salam, Director of Memberships
adnan.salam@humber.ca

Ryan Dow, Treasurer
ryan.dow@utoronto.ca