



OANHSS – Associate Membership Application 2010

7050 Weston Road • Suite 700 • Woodbridge, ON • L4L 8G7
Tel: (905) 851-8821 • Fax (905) 851-0744 • www.oanhss.org

Organization: _____

Primary Contact & Title: _____

Address: _____

City / Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please check the appropriate member type:

- | | |
|---|---------------|
| <input type="checkbox"/> Non-Profit Organization - Indirect Service | \$250.00/year |
| <input type="checkbox"/> Education Facility | \$250.00/year |
| <input type="checkbox"/> Personal Member * | \$115.00/year |
| <input type="checkbox"/> Commercial Member | |
| <input type="checkbox"/> more than 4 employees | \$495.00/year |
| <input type="checkbox"/> 4 employees or less | \$250.00/year |

The membership year is from January 1 to December 31 (for applications received after July 1, the membership fee is prorated on a monthly basis).

** Please note that Personal Members do not qualify for the member rate for the OANHSS Administrator Certification Program.*

Please mail application with a cheque payable to OANHSS or complete the following:

Visa #: _____

Expiry: _____

Name on Card: _____

Commercial Members Only:

Check a **maximum of 3 categories** that reflect your product/service offerings and provide description below:

- | | |
|---|--|
| <input type="checkbox"/> Accountants & Auditors | <input type="checkbox"/> Life Lease Housing |
| <input type="checkbox"/> Architects & Planners | <input type="checkbox"/> Lighting Products |
| <input type="checkbox"/> Bedding & Linens | <input type="checkbox"/> Marketing / Public Relations |
| <input type="checkbox"/> Building Products & Services | <input type="checkbox"/> Nurse Call Systems |
| <input type="checkbox"/> Cleaning Products | <input type="checkbox"/> Oxygen / Respiratory |
| <input type="checkbox"/> Communication & Advocacy | <input type="checkbox"/> / Therapy Services |
| <input type="checkbox"/> Computer Systems / Services | <input type="checkbox"/> Patient Care / Nursing Supplies |
| <input type="checkbox"/> / Software | <input type="checkbox"/> & Equipment |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Patient Lifting |
| <input type="checkbox"/> Dietary / Food Services | <input type="checkbox"/> Pharmaceutical / Laboratory |
| <input type="checkbox"/> Engineers | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Purchasing Services |
| <input type="checkbox"/> Floor Coverings | <input type="checkbox"/> Real Estate Appraisal |
| <input type="checkbox"/> Funeral Homes | <input type="checkbox"/> Recreation Programs |
| <input type="checkbox"/> Furnishings | <input type="checkbox"/> / Therapy Safety |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Security / Wandering Systems |
| <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Signs & Recognition Display |
| <input type="checkbox"/> Housekeeping Services / Supplies | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Incontinence Products | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Interior Design | <input type="checkbox"/> Wheelchairs |
| <input type="checkbox"/> Laundry Services / Supplies | <input type="checkbox"/> Window Coverings |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Others |

Commercial Members - Please provide a description of your products/services (**maximum 250 characters including spaces and punctuation**).

For further information regarding membership, contact Pam Seran-Rodé, Manager, Communications and Member Services, at (905) 851-8821 ext. 253 or pseran-rodé@oanhss.org.

Privacy Statement:

The information collected on this application form is used for the purposes of processing your membership application and providing you with member services, supports and programs. By submitting this application you consent to the collection, use, and disclosure of this information in accordance with OANHSS' privacy policy available at www.oanhss.org.



OANHSS

APPLICATION FORM

Associate Membership

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WOODBIDGE
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