

1011 Upper Middle Road East, Suite 1210 Oakville, ON L6H 5Z9 www.ogma.ca

## **MEMBERSHIP APPLICATION**

Company name (as it will a	ppear on OGMA website):		
Mailing address:			
City:	Prov	vince:	Postal Code:
Phone:		Fax:	
Website (to be linked from O	GMA website):		
E-mail address:			
Years in business:	No. of locations:	Business ty	/pe:
Other company names/A	ffiliations:		
Contact names (individuals	in your company to whom we shou	ld send information a	nd updates on OGMA events):
Contact name #1:			Title:
Email address:			Telephone:
Contact name #2:			Title:
Email address:			Telephone:
of the Association now in f	orce, and to any alterations th	at may be made b	
Signature:			Date:
AN	INUAL MEMBERSHIP FEE:	<b>\$310.75 (</b> \$275.0	0 + \$35.75 HST)
			dicating your preferred payment method wnload an electronic version of this form
Credit card (credit car	d payments will incur a 2.4%	surcharge)	Cheque
Interac <sup>®</sup> e-Transfer			Direct Deposit (EFT)
Note: The membership year runs from January to December each year. Membership fees will be pro-rated for the membership year, based on the date of application. Contact us before sending payment.			
	e with the <u>Personal Information</u> u check one of the following		d Electronic Documents Act (PIPEDA),
I have reviewed th		w.ogma.ca/privad	cy-policy) and I ACCEPT its conditions. cy-policy) and I DO NOT ACCEPT its sted on the OGMA website.
For approval by Board of	fDirectors		
Application approved:			Date:
			HST# 12503 6038 RT0001