



2017 General Membership Renewal

Annual Membership Fee \$750.00

General Members are eligible to vote and hold office.

Renewal Information

Organization			LHIN:
Name	<i>Last:</i>	<i>First:</i>	
Title		Years in current position	
Mailing Address	<i>Street Address</i>		<i>Suite / Unit #</i>
	<i>City</i>		<i>Postal Code</i>
E-mail		Phone	Fax

Data Collection

Wait List	Has CCAC taken over management of the wait list in your area under their enhanced role? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you report on wait list numbers for your LHIN area?	<input type="checkbox"/> Yes <input type="checkbox"/> No Outreach SH Assisted Living for High Risk Seniors Other (please specify) _____
Accreditation	Is your Agency currently accredited? <input type="checkbox"/> Yes Accreditation Body: <input type="checkbox"/> No Do you plan to apply for accreditation in 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Year's Total Annual Revenue	<input type="checkbox"/> Less than \$1,000,000 <input type="checkbox"/> Between \$1,000,000 and 3,000,000 <input type="checkbox"/> Between \$3,000,000 and 5,000,000	<input type="checkbox"/> Between \$5,000,000 and 10,000,000 <input type="checkbox"/> Greater than \$10,000,000
Last Year's Major Funding Sources (report in nearest thousand)	Local Health Integration Network \$ MCSS \$ Housing \$ Other, specify if significant: \$	Please list your Functional Centres:
Number of Clients served last year (by program):		Number of FTE Employees last year
Services to People With a Physical Disability		
Services to People With a Brain Injury		
Services to People With a Developmental Disability		
Services to Seniors		

Declaration

I report directly to the Board of Directors of my not-for-profit agency.

I have read and will abide by OAILSP Policy 1.2 "Code of Ethical Conduct" and Policy 1.4 "Confidentiality".

The Members Governance, Policy and Procedure Manual is posted on www.oailsp.ca for reference.

Signature	Date
-----------	------

Please **submit completed form and cheque payable to OAILSP** to:

Huda Assaqqaf: 50 Ashwarren Road, Toronto, ON M3J 1Z5

admin@oailsp.ca fax 416-780-0961