



2017 Associate Membership Renewal

Annual Membership Fee \$750.00

Associate Members enjoy all of the resources and privileges of membership including conferences, web site access, information sharing etc. but may not vote or hold office.

Information

Organization Name	<i>Last:</i> _____ <i>First:</i> _____		
Title	<i>Years in Current Position:</i> _____		
Address	<i>Street Address:</i> _____	<i>Suite / Unit #:</i> _____	
	<i>City:</i> _____	<i>Postal Code:</i> _____	
Phone		E-mail	
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):	Services to People With a Physical Disability Services to People With a Brain Injury Services to People With a Developmental Disability Services to Seniors	Number of FTE Employees last year

Declaration

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

OAILSP also encourages ongoing participation in professional development.

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:
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admin@oailsp.ca fax 416-780-0961