



I hereby apply for membership in the Ontario Funeral Service Association (OFSA):

Name (First & Last)	
Home Address (Street, City, PR PC)	
Phone Number	
Email Address	
Licence No.	
Year Graduated	
Place of Employment	

Please provide a current OFSA member reference and their contact number:

Name: _____

Phone Number: _____

Annual Membership Fee	HST	Total Annual Fee
January 1 to December 31 = \$295.00	\$38.35	\$333.35
<i>Memberships approved in November will be carried over to December the following year and a min of 6hrs continuing education is included for both years.</i>		

Associate (Individual) Member Benefits:	OFSA Preferred Rates on:
<ul style="list-style-type: none"> ✓ On demand con-ed: @ www.ofsaeducation.org ✓ 8 live webinars throughout the year ✓ Online networking with colleagues ✓ Online annual WHMIS training 	<ul style="list-style-type: none"> ✓ Annual Educational and Networking Conference ✓ Midyear Education and Networking Meeting ✓ Home and Auto Insurance

I agree to be governed by the Constitution and By-Laws of the Association and abide by its CODE OF ETHICAL PRACTICES 07/19.

I authorize the BAO to provide information concerning my application.

From time to time, the OFSA may provide contact information (name, telephone number, e-mail) or verification of membership status to persons or corporations which make membership benefits available to OFSA members.

I authorize OFSA to share my information and my membership status to any person or corporation which provides membership benefits to Association members.

Date: _____

Signature: _____

Payment can be made by visa or master card once the application has been approved.