

ASSOCIATION MEMBERSHIP SUMMARY

Membership Year: _____

H&S Association: _____

H&S Council or City: _____

Type of Membership	Number of Memberships		Number of Members
Family		x 2 =	
Individual		x 1 =	
Life		x 1 =	
Associate		-----	0
Total			

Fees Submitted			
# Family Memberships			
# Individual Memberships			
Total of Membership		x 15 =	
Association Insurance Fee	NEW	+ \$100	
TOTAL			\$

Authorized by: _____

Date submitted: _____

Cheque #: _____

- Mail the following:
- Association Membership Summary
 - Association Membership List
 - An Association cheque for the total above (*personal cheques will not be accepted*)

MAIL To: Ontario Federation of Home and School Associations
51 Stuart St. Hamilton ON L8L 1B5

E-MAIL To: info@ofhsa.on.ca

If you haven't done so already, please also include:

- Previous year financial verification
- Current Year Association budget
- Current Year Executive Contact form
- Association meeting dates

*Should you have questions, please call the OFHSA office at 905-308-9563
or send an e-mail to: info@ofhsa.on.ca*

OFHSA Membership Fees are Non-Refundable