



ONTARIO  
**FUNERAL SERVICE**  
ASSOCIATION

# OFSA Membership Application Form

## Associate Membership

I hereby apply for membership in the Ontario Funeral Service Association and enclose annual dues for membership. *(The membership year is January to December).*

Annual Fee	HST	Total	Amount Enclosed <i>[select one]</i>
Jan 1 to Dec 31 = \$295.00	\$38.35	\$333.35	

<b>Name</b>	
<b>Business Name</b>	
<b>Business Tel.</b>	
<b>Web Site</b>	
<b>Home Address</b>	
<b>Home Tel.</b>	
<b>E-mail</b>	

**Please provide two references who are OFSA members:**

1. \_\_\_\_\_

Phone #: \_\_\_\_\_

2. \_\_\_\_\_

Phone #: \_\_\_\_\_

**All information will be sent by email from [info@ofsa.org](mailto:info@ofsa.org)**

Your Licence No: \_\_\_\_\_ & Year Graduated: \_\_\_\_\_

"If applicable, the applicant authorizes the Board of Funeral Services to provide information concerning the applicant to the Association".

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

From time to time, OFSA may provide contact information (name, address, 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 release my contact information and information regarding my membership status to any person or corporation which provides membership benefits to Association members.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If the application is not approved, total dues remitted will be returned.