



2017-2018 OACYC MEMBERSHIP RENEWAL

PERSONAL INFORMATION			
Full Name:			
Complete Address:			
	Number, Street, Apartment #	City/Town	Postal Code
Email Address:			
Telephone:			
	Home	Office	Cell
Place of Employment:			
Address:			
	Number, Street, Apartment #	City/Town	Postal Code

Membership Type	Membership Fees
<input type="checkbox"/> Full Professional Certified (CCW/CYW/CYC/CYCCB)	\$95.00 + HST \$12.35 = \$107.35
<input type="checkbox"/> Full Professional	\$95.00 + HST \$12.35 = \$107.35
<input type="checkbox"/> New Graduate Full Professional Certified	\$50.00 + HST \$6.50 = \$56.50
<input type="checkbox"/> Student	\$40.00 + HST \$5.20 = \$45.20
<input type="checkbox"/> Organizational	\$200.00 + HST \$26.00 = \$226.00 OR Reciprocal Membership

PROFESSIONAL DEVELOPMENT			
<p><i>NOTE: For detailed information about Professional Development Guidelines, please check the website www.oacyc.org/membership</i> <i>A certificate of participation or other proof of attendance at workshops may be submitted in place of completion of this section as long as it lists: 1) Your Name 2) Title/Topic of Workshop 3) Date of Workshop</i></p>			
Date Completed	Certificate Attached	Professional Development Activity Completed	Knowledge/Skill
	<input type="checkbox"/> Check if attached		

- I confirm/agree that I remain in good standing with the CYCCB in order to maintain my Full Professional Certified membership with the OACYC (applies to members with related diplomas/degrees).
- I am requesting a new membership Certificate

PLEASE SEE NEXT PAGE



HOW TO PAY:

1) By cheque via mail, please make cheque payable to OACYC.

2) By VISA or MasterCard, please complete the information below:

MasterCard/VISA# _____ / _____ Expiry Date ____/____
Security Code (mm/year)

Cardholder Name (PRINT)

Cardholder Signature

3) By E-Transfer, email to office@oacyc.org including full name & membership type in comment section

Date of E-Transfer

E-Transfer Password

Note: Your new membership card is valid to October 15, 2018. Membership fees can be claimed as an income tax deduction under "professional dues". Income Tax receipts are mailed together with your membership package.

ACKNOWLEDGEMENT

To review the Code of Ethics and Privacy Policy, please check the website www.oacyc.org/membership

I have read the code of ethics and understand that my membership in the OACYC is dependent on my adherence to this Code of Ethics and I consent to the use of my personal information as outlined in the Privacy Policy.

Accessibility Policy: The OACYC is committed to providing its goods and services in a way that respects the dignity and independence of persons with disabilities. The OACYC is also committed to giving persons with disabilities the same opportunity to access our goods and services and to benefit from those services, in the same place and in a similar way as other members. The OACYC will make every effort to provide accommodations (while remaining fiscally responsible), and when provided with sufficient time to address such requests.

I agree to notify the OACYC in writing within 30 days of any changes to any information contained on this form.

Signature: _____

Date: _____