

# 2018 MEMBERSHIP

NEW MEMBER APPLICATION

RENEWAL MEMBERSHIP

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## PERSONAL INFORMATION:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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## BUSINESS INFORMATION:

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TITLE / POSITION: \_\_\_\_\_

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Send Mailings to: Home  Business

If you had an option to receive OVTA information  
would you prefer: EMAIL  MAIL

Calendar Year  
Memberships

**\$99.00 + 12.87 HST = \$111.87**

Full payment must be received before this application/renewal will be processed - Subject to board approval

**NEW APPLICANTS: Please provide an OVTA member reference:** \_\_\_\_\_  
(must be in-good-standing)

Cheque  Credit Card  **Invoice Me!**

Credit Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

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