

2018 MEMBERSHIP

New Member

Renewal

PERSONAL INFORMATION:

Name: _____

Telephone: _____

Fax: _____

Address: _____

BUSINESS INFORMATION:

Name: _____

Telephone: _____

Fax: _____ Cell: _____

Address: _____

E-Mail Address: _____

Send Mailings to: Home ___ Business ___

Your payment of **\$111.87** (\$ 99.00 plus \$12.87 HST) must be received in full before this application can be considered.

This application is subject to approval by the Board of Directors.

NEW APPLICANTS: Please provide an OVTA member reference: _____

(must be in-good-standing)

Cheque

Credit Card

Invoice Me! NEW

Credit Card #: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Signature of Card Holder: _____

