



MEMBERSHIP APPLICATION/RENEWAL FORM

Name of Member: _____

New Member Renewing Member

Address: _____
Street City Province Postal Code

Phone: _____ E-mail: _____
Home Cell

The membership fee is \$25, due annually on April 1st, in accordance with the start of CoSA-Ottawa’s fiscal year.

Method of Payment:

Cheque
Please make payable to: **CoSA – Ottawa**
Mail to: 211 Bronson Ave, Unit 207A, Ottawa, ON K1R 6H5

Credit Card
Credit Card #: _____
Expiry date: (mm/yy) ____ ____
CVV #: ____

PayPal (click on PayPal link and follow instructions or visit our website at www.cosa-ottawa.ca/donation)

Cash
(Please DO NOT send cash by mail)

A tax receipt will be provided.

- Please notify me of Annual General Meetings and other events **by e-mail**
- I would prefer to be contacted **by phone**

Please note: All information provided will be kept confidential and will not be shared with other agencies.

Name of Member (Print) Signature

CoSA-Ottawa Representative (Print) Signature

Date