

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

Website: \_\_\_\_\_ How did you learn about OWMA? \_\_\_\_\_

**Authorized Representative Designated for OWMA Contact:**

The authorized representative is the **official point of contact** for the OWMA -- recipient of all mailings and information, voting representative for the company, and spokesperson for the company relative to OWMA issues.

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PUBLIC SECTOR MEMBERSHIP CATEGORY DUES SCHEDULE**

Membership fees are payable in Canadian Funds and are subject to HST. Please indicate the correct membership fee category based on the population size of the Municipality, County or Region:

<input type="checkbox"/>	Less than 10,000 population	.....	\$ 270.00
<input type="checkbox"/>	10,000 to 50,000 population	.....	\$ 520.00
<input type="checkbox"/>	50,000 to 100,000 population	.....	\$ 770.00
<input type="checkbox"/>	100,000 to 250,000 population	.....	\$ 1,095.00
<input type="checkbox"/>	250,000 to 500,000 population	.....	\$ 1,355.00
<input type="checkbox"/>	500,000 to 750,000 population	.....	\$ 1,855.00
<input type="checkbox"/>	750,000 to 1,000,000 population	.....	\$ 2,555.00
<input type="checkbox"/>	Over 1,000,000 population	.....	\$ 4,030.00

*PLEASE ADD 13% HST TO THE ABOVE RATES*

**OPTION 1:**  ATTACHED IS MY 2018 MEMBERSHIP FEE (CHEQUE OR CREDIT CARD VISA/MASTERCARD/AMEX)

**OPTION 2:**  PLEASE INVOICE ME FOR 2018 MEMBERSHIP FEES

**PAYMENT OPTIONS:**

VISA  AMEX  MASTERCARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HST REGISTRATION # 10400 2530

**Please forward this application to:**

OWMA, 2005 Clark Blvd., Unit 3, Brampton, Ontario L6T 5P8 or by fax at (905) 791-9514

