

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	.....	\$ 275.00
<input type="checkbox"/>	10,000 to 50,000 population	.....	\$ 530.00
<input type="checkbox"/>	50,000 to 100,000 population	.....	\$ 785.00
<input type="checkbox"/>	100,000 to 250,000 population	.....	\$ 1,120.00
<input type="checkbox"/>	250,000 to 500,000 population	.....	\$ 1,385.00
<input type="checkbox"/>	500,000 to 750,000 population	.....	\$ 1,895.00
<input type="checkbox"/>	750,000 to 1,000,000 population	.....	\$ 2,605.00
<input type="checkbox"/>	Over 1,000,000 population	.....	\$ 4,110.00

PLEASE ADD 13% HST TO THE ABOVE RATES

OPTION 1: ATTACHED IS MY 2019 MEMBERSHIP FEE (CHEQUE OR CREDIT CARD VISA/MASTERCARD/AMEX)

OPTION 2: PLEASE INVOICE ME FOR 2019 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

