

Activity Professionals of Ontario Membership Application



Name: _____

Home Address: _____

City: _____

Province: _____ Postal Code: _____

E-mail Address: _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____ Fax: (_____) _____

APO Region: _____ (based on work location)

Position Title: _____

Facility of Employment: _____

Facility Address: _____

City: _____

Province: _____ Postal Code: _____

Membership category (check): Active Member Associate Member Corporate Member

Preferred mailing location (check): Home Workplace

Please make cheques payable to "Activity Professionals of Ontario"

Mail application and cheque to

Activity Professionals of Ontario
7 - 841 Sydney Street, Suite 156
Cornwall, ON K6H 7L2

MEMBERSHIP FEES FOR 2010

New Active Member \$135

Associate Member \$110

Corporate Member \$175

Active Membership: employed in field of recreation/leisure in long term care, senior retirement housing, chronic care hospitals, adult day settings etc.

Associate Membership: student, volunteer, health care professional — not in field of activation.

Corporate Membership: for companies, services, or corporate offices that provide equipment or resources for the recreation/leisure field in the Health Care Sector.

NOTES

- APO MEMBERSHIPS ARE NOT TRANSFERABLE

- Corporate members are invited to submit a logo, website address, and brief company description to be included on the APO website. E-mail these to site-manager@activitypro.ca to have them included on the APO links page.

QUESTIONS?

Call 905-229-0041, visit the APO website at www.activitypro.ca, or e-mail apo-office@activitypro.ca