OCASI
ONTARIO COUNCIL OF AGENCIES SERVING IMMIGRANTS
Application for Membership

Agency Name:	
Address:	
City:	Postal Code:
Telephone: Fax:	Website:
Agency General E-mail:	

If your application is approved, list the persons to be designated as your agency's delegate and alternate to OCASI :

Name of Executive Director:	E-mail:
Name of Delegate & Position:	E-mail:
Name of Alternate and Position:	E-mail:

On behalf of the Board of Directors of (agency name) _____,
I wish to apply for agency membership in OCASI. The agency is aware of, endorses, and will actively demonstrate commitment to OCASI's mission and principals. (To be signed by the chair of the board).

Name: _____   Signature: _____

Position: _____   Date: _____

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:
- ❖ A copy of your agency's most recent Annual Report, including an audited Financial Report, a copy and Agency Brochure(s)
- ❖ A copy of the agency by-laws
- ❖ A cheque for the applicable membership fee (see schedule below)

OCASI MEMBERSHIP FEE SCHEDULE		
Agency budget	**{ x }**	**Payable *membership fee***
For agencies with a budget of up to $ 50,000	{ }	$ 100.00
For agencies with a budget of up to $ 100,000	{ }	$ 200.00
For agencies with a budget of up to $ 250,000	{ }	$ 300.00
For agencies with a budget of up to $ 500,000	{ }	$ 400.00
For agencies with a budget of up to $ 750,000	{ }	$ 500.00
For agencies with a budget of up to $1,000,000	{ }	$ 600.00
For agencies with a budget of up to $1,500,000	{ }	$ 900.00
For agencies with a budget of up to $2,000,000	{ }	$1,200.00
For agencies with a budget of up to $3,000,000	{ }	$1,500.00
For agencies with a budget of up to $5,000,000	{ }	$1,750.00
For agencies with a budget of up to $7,000,000	{ }	$2,000.00
For agencies with a budget over $7,000,000	{ }	$2,300.00

Ontario Council of Agencies Serving Immigrants (OCASI), 110 Eglinton Ave. W., Suite 200, Toronto, ON M4R 1A3
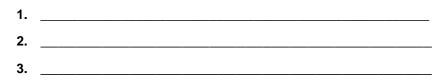
Agency Information:

❖ Is your agency incorporated? { } YES { } NO

❖ Date of Incorporation: _____Incorporation #:_____

❖ Is your agency a registered charity? (if yes, state charitable number) _____

❖ What percentage of your services is directed towards immigrants and refugees? _____%

❖ Are immigrants and refugees represented in your agency's decision-making processes?

    { } YES { } NO - If yes, please indicate in what capacity:

    { } Board { } Staff { } Other (please specify)_____

❖ Number of employees: _____ Number of Board members:_____

❖ List 3 non-profit, community organizations that are familiar with the work of your organization or that your organization has worked/partnered with

    1. _____

    2. _____

    3. _____

This section of the form will be used to include the agency's profile in the OCASI membership directory if your application is approved.

❖ Do clients have access to services in the language(s) they speak? { } YES   { } NO

In what language(s) does your agency offer its services to its clients?

_____

_____

❖ Please indicate which of the following groups are served by your agency:

{ } All Immigrant Communities { } Children { } Families { } Francophones { } Ethno-specific Communities

{ } Individuals with Precarious Immigration Status { } LGBTQ { } People with Disabilities { } Refugees

{ } Seniors { } Survivors of Violence { } Unemployed/Underemployed { } Women { } Youth

{ } Other (specify) _____

❖ Please indicate which of the following services your agency provides:

{ } Anti-Racism Activities   { } Employment Services
{ } Case Management   { } Housing Services
{ } Community Economic Development   { } Information/Orientation Sessions
{ } Francophone Services   { } Legal Services
{ } Health Services   { } Mental Health Services
{ } Language Training   { } Public Education Activities
{ } LGBTQ Specific Programming   { } Recreational Activities
{ } Poverty Reduction   { } Education/Literacy Programs
{ } Services for People with Disabilities   { } Senior Services
{ } Settlement Services   { } Social Support Services
{ } Skills Training   { } Refugee Resettlement

Other (specify): _____