

ONTARIO COUNCIL OF AGENCIES SERVING IMMIGRANTS (OCASI)
Application for Membership

| | | |
|--|--------------|----------|
| Agency Name: | | |
| Address: | | |
| City: | Postal Code: | |
| Telephone: | Fax: | Website: |
| Agency General E-mail: | | |
| <i>If your application is approved, list the persons to be designated as your agency's delegate and alternate to OCASI:</i> | | |
| 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 and Agency Brochure(s)
- a cheque for the applicable membership fee (see schedule below)
- a copy of the agency's by-laws

| MEMBERSHIP FEE SCHEDULE <i>Please indicate your agency's budget { x }</i> | | |
|--|--------------|-------------------------------|
| 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 | { } | \$ 250.00 |
| For agencies with a budget of up to \$ 500,000 | { } | \$ 350.00 |
| For agencies with a budget of up to \$ 750,000 | { } | \$ 450.00 |
| For agencies with a budget of up to \$1,000,000 | { } | \$ 550.00 |
| For agencies with a budget of up to \$1,500,000 | { } | \$ 800.00 |
| For agencies with a budget of up to \$2,000,000 | { } | \$ 1050.00 |
| For agencies with a budget of up to \$3,000,000 | { } | \$ 1300.00 |
| For agencies with a budget of up to \$5,000,000 | { } | \$ 1550.00 |
| For agencies with a budget of up to \$7,000,000 | { } | \$ 1800.00 |
| For agencies with a budget over \$7,000,000 | { } | \$ 2000.00 |

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?

Indicate which of the following groups are served by your agency:

All Immigrant Communities Children Family LGBTQ People with Disabilities

Refugees Seniors Women Youth

Specific Language _____

Specific Community _____

Other (specify) _____

Please indicate which of the following services your agency provides:

Anti-Racism Activities

Refugee Resettlement

Health Services

Language Training

Settlement Services

Skills Training

Community Economic Development

Newsletter

Services For People with Disabilities

Employment Services

Senior Services

Housing Services

Legal Services

Social Support Services

LGBTQ Specific Programming

Information Sessions

Public Education Activities

Mental Health Services

Other (specify)