

**Ontario Association for Families of
Children with Communication Disorders
(OAFCCD)**

MEMBERSHIP APPLICATION or RENEWAL

Your Membership Fees and donations are very important to the organization. Your fees will enable us to maintain parent support services. Please pay your membership today and also consider making a donation *NOTE: Fees may be waived on request.*

Name: _____

Mailing Address: _____

Postal Code: _____ **E-Mail Address:** _____
(Please note that Newsletters and notices are distributed by e-mail only)

Phone Number: _____ **Days:** _____ **Evenings:** _____

If you are a Speech-Language Pathologist or other professional, please indicate your position and the name of the organization you work for.

Position: _____

Organization: _____

Are you a Renewing Member? _____ **Are you a New Member?** _____

I have enclosed a cheque for the following:

- \$25 One year Membership
- \$50 Two year Membership Fees
- Donation (Tax receipts issued for donations over \$10)

Cheques should be made payable to OAFCCD and mailed to:

OAFCCD, 933 Alice Street, Woodstock, ON N4S 2J9

Privacy Policy:

OAFCCD collects information from members for the purpose of conference or workshop registration, newsletter distribution, and announcements of events and activities that may be of interest. We do not sell, trade or rent mailing lists to other groups or organizations.