



Ontario Rehabilitation, Work and Community

ORWC MEMBERSHIP APPLICATION*

Agency: _____

Street Address: _____

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Postal Code: _____

Executive Director: _____

Contact Person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Web site: _____

Would like your Web site linked to ORWC Web page? (y/n):

Signature: _____

Date: _____

Membership dues \$350.00 per year (August 1 - July 31)

MAKE CHEQUE PAYABLE TO ORWC

Mail to:

James R. Paul,

Provincial Coordinator, ORWC,

57 Maple Avenue North, Smiths Falls, ON, K7A 2A6

Telephone: 613-284-1280 · Fax: 613-284-8047 · Cell: 613-284-6099

E-mail: jpaul49@sympatico.ca

* INFORMATION PROVIDED ON THIS APPLICATION FORM IS INTENDED FOR USE BY ORWC AND MAY BE INCLUDED IN OUR MEMBERSHIP MAILING LIST, PUBLISHED IN OUR NEWSLETTER, AND ON OUR WEB PAGE.