

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

**MEMBERSHIP APPLICATION**

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 will be waived on request.*

**Name:** \_\_\_\_\_

**Mailing Address :** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**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, P.O. Box 63, Tillsonburg, Ontario N4G 4H4

***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. Your name and contact information may be shared with the Chapter leadership, if there is a Chapter in your area. OAFCCD may share contact information with partners who are involved in organizing joint events, including conferences and workshops. We do not sell, trade or rent mailing lists to other groups or organizations.