



**ONTARIO ASSOCIATION OF CAREER COLLEGES**

155 Lynden Rd, Unit 2  
PO BOX 340  
Brantford, Ontario N3T 5N3

**APPLICATION FOR ALLIED MEMBERSHIP**

\_\_\_ New Member Application \_\_\_ Renewal

Name of Organization: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Form of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Private

Name of Owner(s): \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_

Please list your line of products and/ or services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature