

# FIRST **1** WORK

## FIRST WORK: THE ONTARIO ASSOCIATION OF YOUTH EMPLOYMENT CENTRES MEMBERSHIP RENEWAL FORM

CONTACT INFORMATION			
Org. Name:		Address:	
Suite/Floor:	City:	Postal Code:	
Courier Address (if different):			
Telephone:		Fax Number:	
Organization E-mail:		Organization Website:	
Name of Contact Person		Title:	
Telephone:	Ext:	Personal E-mail:	

AGENCY INFORMATION	
If there has been no change to your agency information, please check here. <input type="checkbox"/>	
Organizational Status	<input type="checkbox"/> Incorporated, Non-profit <input type="checkbox"/> Registered charity-charitable #:

*If there have been changes since last year, please forward a brief summary.*

MEMBERSHIP TYPE AND PAYMENT DETAILS			
Please view Membership Information at <a href="http://www.oayec.org/membership/">www.oayec.org/membership/</a> and select the appropriate level for your agency.			
Membership Status	Membership Fee Levels (choose one only)		
<b>Strategic Members</b> Non-profits who participate in government relations, strategic communications and all other aspects of First Work.	<input type="checkbox"/> \$1000.00 for agencies with an Annual Operating Budget greater than \$500,000	<input type="checkbox"/> \$750.00 for agencies with an Annual Operating Budget greater than \$200,000	<input type="checkbox"/> \$500.00 for agencies with an Annual Operating Budget less than \$200,000
<b>Stakeholder Members</b> All types of organizations who participate in only the knowledge transfer and professional development aspects of First Work.	<input type="checkbox"/> \$500.00 for agencies with an Annual Operating Budget greater than \$500,000	<input type="checkbox"/> \$375.00 for agencies with an Annual Operating Budget greater than \$200,000	<input type="checkbox"/> \$250.00 for agencies with an Annual Operating Budget less than \$200,000

PAYMENT METHOD	
<input type="checkbox"/> Enclosed is a Cheque payable to The Ontario Association of Youth Employment Centres in the amount of \$ _____	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
NAME ON CARD:	SIGNATURE:
CARD NUMBER:	
EXPIRATION DATE:	

SIGNED	DATE
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### Please return your membership renewal form to:

**First Work: The Ontario Association of Youth Employment Centres**  
 215 Spadina Avenue, Suite 350 Toronto, ON M5T 2C7  
 Tel: (416) 323-9557, Fax: (416) 323-9927, E-mail: [info@firstwork.org](mailto:info@firstwork.org)  
 Web site: [www.firstwork.org](http://www.firstwork.org)  
*Full year membership payments are due Friday, April 2nd, 2010.*  
*We look forward to supporting your continued success together.*