

FIRST **1** WORK

FIRST WORK: THE ONTARIO ASSOCIATION OF YOUTH EMPLOYMENT CENTRES MEMBERSHIP NEW APPLICANT FORM

CONTACT INFORMATION			
Org. Name:		Address:	
Suite/Floor:	City:	Postal Code:	
Courier Address: <i>(If different)</i>			
Telephone: ()		Fax Number: ()	
Organization E-mail address:		Organization Website:	

Name of Contact Person		Title:	
Telephone: ()	Ext:	Personal E-mail address:	

AGENCY INFORMATION	
Organizational Status	<input type="checkbox"/> Incorporated, Non-profit <input type="checkbox"/> Registered charity-charitable #:
Services	Please provide a summary description of youth employment programs and services that you provide, including your catchment area:
Duration	How long has your agency been providing youth employment services?

MEMBERSHIP TYPE AND PAYMENT DETAILS			
Please view Membership Information at www.oayec.org/membership/ and select the appropriate level for your agency.			
Membership Status	Membership Fee Levels (choose only one) Operation Budget defined by EO "funded site" or equivalent program.		
Strategic Members <i>Non-profits who participate in government relations, strategic communications and all other aspects of First Work.</i>	<input type="checkbox"/> \$1000.00 <i>for agencies with an annual Operating Budget greater than \$500,000</i>	<input type="checkbox"/> \$750.00 <i>for agencies with an annual Operating Budget greater than \$200,000</i>	<input type="checkbox"/> \$500.00 <i>for agencies with an annual Operating Budget not greater than \$200,000</i>
Stakeholder Members <i>All types of organizations who participate in only the knowledge transfer and professional development aspects of First Work.</i>	<input type="checkbox"/> \$500.00 <i>for agencies with an annual Operating Budget greater than \$500,000</i>	<input type="checkbox"/> \$375.00 <i>for agencies with an annual Operating Budget greater than \$200,000</i>	<input type="checkbox"/> \$250.00 <i>for agencies with an annual Operating Budget not greater than \$200,000</i>

ATTACHMENTS

Please send the following information along with this application:

- Latest annual report
- A brochure or description of current programs and services
- Copy of incorporation papers/other legal documentation to confirm organizational status and duration
- Two (2) letters of reference, including one from an existing First Work member

PAYMENT METHOD

Amount Payable (from above) \$_____.

Enclosed is a cheque payable to The Ontario Association of Youth Employment Centres.

Or

Submit payment through:

VISA MasterCard

NAME ON CARD:

CARD NUMBER:

SIGNATURE:

EXPIRATION DATE:

SIGNED

DATE

Please return your membership application 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
Web site: www.firstwork.org

*Full year membership payments are due Friday, April 2nd, 2010.
We look forward to supporting your continued success together.*