

New Member Application Form

Please note: Information submitted may require verification

Name of Organization:

Legal Name:

Main Mailing Address:

City:

Province:

Postal Code:

Country:

Email:

Phone Number:

Website:

Contact Information

A. Current Most Senior Executive (e.g. Executive Director, CEO, etc.)

Name:

Title:

Main Mailing Address:

If same as Main Address check here:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

B. Current Board Chair

Name:

Title:

Main Mailing Address:

If same as Main Address check here:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

C. Application Contact (if not current Most Senior Executive)

Name:

Title:

Main Mailing Address:

If same as Main Address check here:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

D. Billing Contact

Name:

Title:

Main Mailing Address:

If same as Main Address check here:

City:

Province:

Postal Code:

Country:

Phone Number:

Email:

OHA Membership Information

1. Interest in Membership

To help us understand and respond to our membership, please indicate your reasons for becoming a member of the Ontario Hospital Association (OHA). Check all that apply below:

- Participation with the Healthcare of Ontario Pension Plan (HOOPP)
- Participation in Group Home and Auto Insurance (through The Personal Insurance Company)
- Other, please explain:

2. Membership Classification:

Please indicate which [OHA membership classification](#) fits your organization:

- Associate (Not-for-profit)
- Affiliate (For-profit)
- International (Not-for-profit or For-profit organization operating outside of Ontario)

Please note: The OHA will verify your selection as part of the application review process, and for this purpose, you are asked to submit your organization's Letters Patent or Articles of Incorporation with this form.

3. References

Please provide two references from health system executives (e.g., hospital, long-term care facility, etc.), at least one of which must be from a current OHA member organization.

Reference 1:

Organization:

Contact Name:

Contact Phone Number:

Contact Email Address:

Reference 2:

Organization:

Contact Name:

Contact Phone Number:

Contact Email Address:

Corporate Information

4. Date of Incorporation:

5. How many full-time employees work for your organization?

6. What is the principal legislation under which your organization operates?

7. Does your organization participate in health care in Ontario? Yes No

If no, where outside Ontario does your organization participate in health care?

8. Specify your organization's vision and mission statements.

9. How do your organization's products and services enhance the provision of high-quality patient care?

10. Describe how your organization aligns with the [OHA's strategic plan](#):

11. If your organization is a Family Health Team, are you a member of the Association of Family Health Teams of Ontario (AFHTO)?

Yes No

12. What is the annual budget for your organization?

13. Please specify the date you would like your membership with the OHA to be effective. The date can be retro- or pro-active, but if no date is specified, then membership will be effective the day the OHA Board of Directors approves the application.

14. What are the top sources of revenue/funding for your organization (include up to three)?

15. Has your organization previously been a member of the OHA? Yes No

16. Is your organization taking over services from a current OHA member?

17. Do you have a formal affiliation with any current OHA member organizations?

18. Please indicate other circumstances helpful in the review of your application (for example, application results from creation of new organization employing former hospital employees).

Acknowledgement and Consent

I acknowledge that:

- Membership in the Ontario Hospital Association (OHA) shall not constitute an endorsement of an organization or its products and/or services by the OHA.
- Members are not permitted to use the OHA's registered marks in any branding or marketing materials or resources, without prior permission of the OHA. Use of the OHA's marks without express written consent may result in loss of membership without any refund of dues.
- The OHA may, at the sole discretion of the Board of Directors, grant or deny membership to any organization.
- The OHA may request, annually or periodically, additional information about an organization's finances.

I consent to HOOPP providing membership information about the organization to the OHA for the purposes of verifying information relevant to the organization's OHA membership.

Signature

NOTE: Before signing this form, please confirm accuracy of content. Once the form is signed, the content cannot be changed.

Please email your completed form, along with your Letters Patent or Articles of Incorporation to:

Awo Osman

Coordinator, Corporate Governance and Administration

416-205-1331

aosman@oha.com