



Membership Application

Organization - \$250.00 per year

<b>Date:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>City, Prov., Postal Code:</b>	
<b>Web Address:</b>	
<b>Key Contact Person:</b>	
<b>Phone number:</b>	
<b>Email:</b>	
<b>Primary Disability Served:</b>	
<b>Corporate Status:</b>	Charitable          Non Profit          Private

Please select your payment option:

*Cheque enclosed*    \_\_\_

Make cheques payable to:  
Ontario Disability Employment Network  
190 Adelaide Street South  
London ON, N5Z 3L1

*Please invoice my organization* \_\_\_

Application may also be printed and faxed to 519-673-0316