

# OHWC MEMBERSHIP APPLICATION AND RENEWAL FORM

The Ontario Healthy Workplace Coalition (OHWC) membership is open to all stakeholders associated with workplace health in Ontario and/or others with an interest in workplace health.

Beginning **August 1, 2010** dues will be collected in Canadian funds for yearly organizational, individual and student memberships. Lapsed members are removed from the mailing list after one year, following reminder notice. At this time membership payments can be paid by cheque or money order only.

The following information is important as it provides the OHWC with a better understanding of the characteristics and interests of our membership. This helps us to serve you better. To join, please complete the following form.



## Ontario Healthy Workplace Coalition

*Supporting comprehensive  
workplace health in Ontario*

**Please check only one response to each item unless otherwise specified.**

BUSINESS CONTACT INFORMATION - PRIMARY CONTACT					
FIRST NAME		SURNAME			
TITLE	ORGANIZATION				
BUSINESS MAILING ADDRESS					
CITY	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE		
BUSINESS TELEPHONE (INCLUDING AREA CODE)	BUSINESS FAX (INCLUDING AREA CODE)	BUSINESS EMAIL			
<b>1. I grant permission for my Business Contact Information (above) to be used for purposes such as email bulletins and membership information updates.</b>					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<b>2. I am...</b>					
<input type="checkbox"/> A New Member		<input type="checkbox"/> A Renewing Member			
<b>3. I am...</b>					
<input type="checkbox"/> An Organizational Member*		<input type="checkbox"/> An Individual Member		<input type="checkbox"/> A Student Member	
<i>* Organizational Members can have up to 5 members listed under this category. Please provide the contact information for the remaining members.</i>					
<b>Information</b>	<b>Member 1</b>	<b>Member 2</b>	<b>Member 3</b>	<b>Member 4</b>	<b>Member 5</b>
First Name:	_____	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____	_____
Title:	_____	_____	_____	_____	_____
Business Telephone:	_____	_____	_____	_____	_____
Business Email:	_____	_____	_____	_____	_____
<b>4. Type of Organization - please check what best describes your organization</b>					
<input type="checkbox"/> OH&S Council of Ontario & Associations		<input type="checkbox"/> Labour Organizations & Associations		<input type="checkbox"/> Workplace Health Service Providers	
<input type="checkbox"/> Workplace Health Academia / Research		<input type="checkbox"/> Public Health Workplace Focused		<input type="checkbox"/> Workplace Focused Non-governmental	
<input type="checkbox"/> Private Sector (100+ employees)		<input type="checkbox"/> Private Sector (<100 employees)		<input type="checkbox"/> Professional Organizations & Associations	
<input type="checkbox"/> Government Workplace		<input type="checkbox"/> Education/Training		<input type="checkbox"/> Business Organizations & Associations	
<input type="checkbox"/> Other, please specify: _____					

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## 5. How many employees are in your organization?

### a) In Ontario:

- 0-50                       51-100                       101-1000                       1000+

**b) Total # (if employees outside of Ontario):** \_\_\_\_\_

## 6. Membership Category

- Organizational: \$125  
*(Includes up to 5 organizational members)*                     
  Individual: \$60                     
  Student: complimentary

## 7. Please indicate the positions of your 5 members:

Position	Member 1	Member 2	Member 3	Member 4	Member 5
Owner / Senior Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor / Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frontline Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist / Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	_____	_____	_____

## 8. Please indicate each member's area of focus. Refer to section 3 for members:

Area of Focus	Member 1	Member 2	Member 3	Member 4	Member 5
Business Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR / Organizational Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Health Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____	_____	_____	_____

## 9. Sector Interest Groups - OHWC Members have the option of identifying with one or more of the following sector interest groups. (Please check up to 3)

- Human Resources / Organizational Development                     
  Workplace Health Promotion                     
  Advocacy and Policy Change                     
  Consultants / Intermediaries
- Health and Safety                     
  Public Health                     
  Research                     
  Government
- Business Operations                     
  Union / Labour

## 10. How did you find out about OHWC?

- Attended an OHWC Event                     
  From an Employer or co-worker                     
  Through The Health Communication Unit (THCU)
- Other, please specify: \_\_\_\_\_

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## AUDIT CONSENT:

The Corporations Act requires that a not-for-profit organization, such as the Ontario Healthy Workplace Coalition (OHWC), conduct an annual audit. The organization is exempt from this requirement regarding the appointment and duties of an auditor if:

- a) the company is not a public company;
- b) the annual income of the company is less than \$100,000; and
- c) all of the share holders consent in writing to the exemption in respect of the year.

At the September 14, 2009, OHWC Annual General Meeting, Resolution # 7 was passed to accept a *Notice to Reader* in lieu of an audit. **This will commence with the August 1, 2010 fiscal year.**

Given that we meet the first two conditions for exemption, as well as due to the limited OHWC financial resources, and minimal number of OHWC financial transactions, we are asking that OHWC members consent in writing to exempt the OHWC from an annual audit, and instead agree to a *Notice to Reader*. **This exemption will continue for each year following unless the Coalition receives notice in writing that you are withdrawing your consent. (new members will need to sign)**

<b>Member 1:</b> I agree to the Ontario Healthy Workplace Coalition (OHWC) conducting a <i>Notice to Reader</i> instead of an annual audit for the current fiscal year.		<b>Member 2:</b> I agree to the Ontario Healthy Workplace Coalition (OHWC) conducting a <i>Notice to Reader</i> instead of an annual audit for the current fiscal year.	
<b>Name (print)</b>		<b>Name (print)</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Member 3:</b> I agree to the Ontario Healthy Workplace Coalition (OHWC) conducting a <i>Notice to Reader</i> instead of an annual audit for the current fiscal year.		<b>Member 4:</b> I agree to the Ontario Healthy Workplace Coalition (OHWC) conducting a <i>Notice to Reader</i> instead of an annual audit for the current fiscal year.	
<b>Name (print)</b>		<b>Name (print)</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Member 5:</b> I agree to the Ontario Healthy Workplace Coalition (OHWC) conducting a <i>Notice to Reader</i> instead of an annual audit for the current fiscal year.			
<b>Name (print)</b>			
<b>Signature</b>			
<b>Date</b>			

## PLEASE RETURN THIS COMPLETED FORM TO:

**Ontario Healthy Workplace Coalition**  
 135 Hunter Street  
 Hamilton, ON L8N 1M5

*Once we have received your application you will receive a confirmation e-mail with more information about the OHWC membership. If you have further questions about the OHWC membership please contact the OHWC Secretariat at (416) 978-0595, email [info@ohwc.ca](mailto:info@ohwc.ca) or visit our website at [www.ohwc.ca](http://www.ohwc.ca).*

**Thank you for becoming a member of the Ontario Healthy Workplace Coalition.**