

Activity Professionals of Ontario Membership Application



Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail Address: _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____ Fax: (_____) _____

APO Region: _____ (based on work location)

Position Title: _____

Facility of Employment: _____

Facility Address: _____

City: _____

Province: _____ Postal Code: _____

Membership category (check): Professional Student Associate Business

Preferred mailing location (check): Home Workplace

Please make cheques payable to "Activity Professionals of Ontario"

Mail application and cheque to:
Activity Professionals of Ontario
P.O. Box 293
Port Hope, ON L1A 3W4

Professional Member \$165
Student Member \$50 (new or renewing)
Associate Member \$100 (new or renewing)
Business Member \$190 (new or renewing)

Professional Membership: employed in field of recreation/leisure in long term care, senior retirement housing, chronic care hospital, adult day setting etc.

Student Membership: full-time post-secondary student (must provide proof of full-time status)

Associate Membership is open to individuals who are interested in furthering the activity and recreation profession, must be ineligible for professional membership or student membership, and are former or retired activity professionals.

Business Membership: shall apply to those businesses and/or vendors who provide products and services to the field of recreation/leisure in the healthcare sector.

All Memberships last for 1 year from the date your membership is processed