



Ontario Social Service Worker Association

1363 Woodroffe Avenue
Unit B., P.O. Box 33061
Ottawa, Ontario
K2C 3Y9

OSSWA MEMBERSHIP RENEWAL

Date: _____

Name: _____ (please print)

Membership Number _____

Membership Type : Student ___ Graduate ___ Corporate ___

Contact Info (please print)

Email: _____

Mailing Address: _____

Phone Contacts: _____

Please enclose a cheque for the annual fee of \$50 payable to:

OSSWA

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