



ONTARIO POLICE HEALTH & SAFETY ASSOCIATION (OPHSA)

Membership Application

(based on current calendar year of submission; no refunds or pro-rated rates)

Date: _____

Police Service: _____

Address: _____

Please list member(s) who should be the primary recipient(s) of all OPHSA communications; any past members not listed below will be removed to keep the members' list current.

NOTE: Unless the member contacts in writing to the Secretary to not do so, members' name and organization contact information will be shared with OPHSA members and/or posted on the OPHSA website in the Members Only page for networking and collaboration purposes.

NAME	JOB TITLE or JHSC ROLE	EMAIL

OPHSA members will be able to access the OPHSA website and disseminate information to their Joint Health & Safety Committee (JHSC) as they wish. At the request of the Police Service, a generic account can also be created for the organization's JHSC to log in and access information on the OPHSA website.

Enclosed is a cheque or cash in the amount of \$100.00, which provides the Police Service a one-year membership for the current calendar year. Your cheque should be made payable to "**Ontario Police Health and Safety Association**". Please forward this application along with the membership fee to:

Mark Ballantine
Treasurer – Ontario Police Health and Safety Association
c/o Peterborough Police Service – B Platoon
500 Water Street
Peterborough ON
K9J 7Y4

Please also **EMAIL** this application to OPHSA Secretary, Bobbi-Lyn Baines (5872@YRP.CA).