ONTARIO HOSPITAL ASSOCIATION

NEW MEMBER APPLICATION FORM (Forgot your password?)

Please note any or all of the information submitted may require verification by OHA staff.

Category of membership desired:

Associate (non-profit organizations participating in health care delivery to the public in Ontario)

Affiliate (for-profit organizations participating in health care delivery to the public in Ontario)

International (non-profit and for-profit organizations participating in health care delivery to the public outside of Ontario)

Name of Institution	
Legal Name	
Letters Patent or Articles of Incorporation	Please attach to email
Address	
City	
Province	
Postal Code	
Country (if not Canada)	
Telephone	
Fax	
Website	

Current executive official (i.e., Chief Executive Officer, Executive Director):

Name	
Title	
Telephone	
Fax	
Email	
City	
Province	
Postal Code	
Country (if not Canada)	

Current board chair:

Name

Telephone

Fax

Email

City

Province

Postal Code

Country (if not Canada)

Application contact (if not current executive official):

Name

Title

Telephone

Fax

Email

City

Province

Postal Code

Country (if not Canada)

Billing contact:

Name

Telephone

Fax

Email

Courier Address

City

Province

Postal Code

Country (if not Canada)

Corporate Information:

Date of Incorporation	
What is the principal legislation under which your organization operates?	
Does your organization participate in health care delivery in Ontario?	
Does your organization participate in health care delivery outside of Ontario?	
If so, where?	
Describe your organization's primary service (i.e. medical supplies, consultancy).	
Specify your organization's vision and mission statements.	
How do your organization's products and services enhance the provision of high quality patient care.	
Describe how your organization aligns with the OHA based on the OHA's vision and mission statements.	
Please provide two references from health system executives (i.e. hospital, Community Care Access Centre, etc.)	
How many employees does your organization employ?	
What is the primary source of funding for your operations?	
Has your organization applied for membership with the OHA in the past?	

If yes, please indicate the reason for re-applying for membership with the OHA

If you are approved as a member of the OHA, do you intend to seek membership with the Healthcare of Ontario Pension Plan (HOOPP)?

Please indicate other circumstances helpful in the review of your application (for example, application results from creation of new organization employing former hospital employees)

Please indicate a preferred date when you wish your membership with the OHA to become effective

Note: if no date specified, membership will become effective the day the OHA Board of Directors approves the application

Interest in OHA membership:

To help us understand and respond to our membership, your answers to the following questions are appreciated:

Please indicate your reasons for becoming a member of the OHA:

- ☐ Participation with the Healthcare of Ontario Pension Plan (HOOPP)
- ☐ Reduced rates on OHA's professional development programs
- ☐ Reduced rates on OHA's conferences and annual convention (HealthAchieve)
- ☐ Access to OHA sponsored group benefits:
  - ☐ Hospitals of Ontario Disability Income Plan (HOODIP)
  - ☐ Hospitals of Ontario Group Life Insurance Plan (HOOGLIP)
  - ☐ Hospitals of Ontario Voluntary Life Insurance Plan (HOOVLIP)

Formal affiliation with the OHA (Please explain below)

After having reviewed the OHA' s membership benefits, please indicate how the OHA' s services could be enhanced to meet your organization's needs.

☐ Please indicate if your organization would be interested in participating in occasional member surveys or studies, where appropriate.

*Membership in OHA shall not constitute an endorsement of an organization's products and/or services by OHA. The Ontario Hospital Association may, at the sole discretion of the Board of Directors, grant or deny membership to any organization.

If you have problems sending this form, please save this file as a PDF and email to Felicia Bigford, Administrative Assistant at fbigford@oha.com.

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