



Mission: To be an association that is the recognized leader in promotion, collaboration and building capacity within organizations that provide distress and crisis response.

Vision: To foster an environment of collaboration and networking while providing universal access to support for individuals in distress and crisis.

MEMBERSHIP APPLICATION FORM 2026 - 2027

Organization Name:

Contact Name:

Title:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Fax:

The phone, chat, or text services we offer include (please include name of service, phone number(s), and/or web address):

Our organization is a:

Returning Member

New Member

I certify that the fee owed, based on annual revenue of my distress and/or crisis line, is:

\$548.83 (annual revenue of \$5,000 - \$299,000)

\$879.09 (annual revenue of \$300,000 - \$749,000)

\$1,243.19 (annual revenue of \$750,000 plus)



PAYMENT OPTIONS

Pay membership dues by cheque or direct deposit.

I have enclosed a cheque made payable to "**Ontario Association of Distress Centres**" in the amount of \$_____. (Please ensure the correct name is used.)

I will pay by direct deposit to Bank number 001; transit number 00242; account number 1073-761 in the amount of \$_____.

If you have any questions please call 416-486-2242 or email ngear@dcontario.org.

* ACCOUNTABILITY * COLLABORATION * EMPOWERMENT * INCLUSION * INTEGRITY * LEADERSHIP *

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