



ONTARIO SENIOR TAMILS BENEVOLENT ASSOCIATION

EST. 2012. REG: NOT FOR PROFIT ORGANIZATION #1866873, ONTARIO, CANADA

ஒன்டாரியோமுது தமிழர் நலன்புரி ஆதாயமற்ற சங்கம் # 1866873

Mailing address: - OSTBA, PO. Box 48068 Dundas & Sheppard, Mississauga ON L5A 4G8

NEW APPLICATION FORM 2023

ONWARDS.....

**ONE FORM FOR EACH MEMBER-SUBJECT TO CONFIRMATION AT THE NEXT AGM
APPLICATION FORM FOR MEMBERSHIP IN THE BENEVOLENT ASSOCIATION (OSTBA)**

O.S.T.B சங்கத்தில் அங்கத்தினராக சேரும் விண்ணப்பப் பத்திரம்

O.S.T.B.A Membership #..... சங்க அங்கத்தினர்#.....

1. Applicant's full Name (In BLOCK LETTERS)

Mr. Mrs. M/s (Please send copy of your ID and of the Beneficiaries along with the application)

First Name: _____

Middle Name: _____

Last Name: _____

2. Gender- Male/Female -

3. Date of Birth-(Year- Month- Date) -----/-----/-----

Year- Month-Date

4.. Address _____ Apt.# _____

5. Phone _____ 6. Cell# _____ E-mail _____

7 Name of the Seniors association in which you are a paid member & your membership no:
_____ Member ship# _____

8 Membership numberand full name of the recommending member from OSTBA
Name of Member recommending _____

9. Citizen: Yes/No Permanent Resident: Yes/ No (Only citizen and permanent residents could become as a member)

10. I declare truly that I am free of any Terminal Illness as at date of acceptance of my application for membership in OSTBA Signature _____ 1

11. The Fees applicable as per OSTBA constitution are as follows: (Ref.www.ostba.ca)

			<u>Single</u>	<u>Couple*</u>
A Admission Fees	No Refund	Once	\$ 20	\$ 40
B Membership Fees	No Refund	Yearly	\$ 15	\$ 30
C Mandatory Deposit	Top it up	Always	\$ 65	\$ 130
			\$ 100	\$ 200

12. I undertake to pay to the Association the call dues of \$20/- on the demise of fellow member in the OSTBA Death Donation Scheme, when notified within 60 day Initial _____

If defaulted in paying mandatory amount after 60 days, you / we may be removed from Scheme, we presume that you are resigned without any further letters from any of us

2. Signature

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13. Receipt of Payment #and Date..... (Treasurer/ Asst Treasurer) -----
Remittance by Email / interac e transfer could be sent to: ostba2019@gmail.com
Our Bank TD Branch 0064 Account7341- 5285593 after deposit &call on 416-473-6880

The contribution as per By Law#3.2 of the O.S.T.B. A Constitution goes towards the Death Donation Reserve. Your contribution \$100 shall be deducted from final payment madeto the beneficiary / nominee as stated in the constitution.(Certain conditions apply) *

14. I will abide by the OSTBA Constitution (subject to any changes), I will remain as a Provisional Member until I complete the twelve months period from the date of first payment.

15. I (Your name)

First _____ Last _____ hereby declare below, the names of two of my nominees, one of whom, in order of priority will be entitled to payment of the Death Donation on my demise, on production of necessary documents as per the constitution. I shall make a special declaration, if I so desire to make a shared payment between the two beneficiaries

Full name of Nominee (1) _____ Signature-----
(First) (Last)

Relationship _____ ID # _____ Phone: () -

E-Mail _____

Full name of Nominee (2) _____ Signature-----

Relationship _____ ID # _____ Phone: () -

E- Mail _____

16. Declaration: I have received or read it on website (www.ostba.ca)the copy of the O.S.T.B.A constitution in English / Tamil and I do hereby solemnly and sincerely declare the information given in this application is truth and I undertake to abide by the constitution

3. Signature of Applicant _____ Date -----

Approved/ Not approved (with Reason) -----Date -----

Signature of Treasurer /Asst Treasurer-----

* Denotes certain conditions apply

** Refer our website www.ostb5.ca

*** This form is not applicable to any(previous) defaulted members

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ASSOCIATION (OSTBA)

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(416) 833-5887

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