

2012 Membership Application



InformOntario

Complete Word document and e-mail it, along with other requested materials, to InformOntario (email address on last page). Upon payment, a membership certificate will be issued.

2012 Membership Rates

<input type="checkbox"/> Renewal – Membership # _____	<input type="checkbox"/> New Membership
<input type="checkbox"/> Nonprofit or Government Annual operating budget <i>more than</i> \$150,000	\$ 137.50
<input type="checkbox"/> Nonprofit or Government Annual operating budget <i>less than</i> \$150,000	\$ 82.50
<input type="checkbox"/> For profit	\$ 275.00
<input type="checkbox"/> Individual	\$ 27.50

Application Information

Agency Name			
OR			
Individual Name			
Address			
City		PC	
Work Phone			
Work Fax			
Work E-Mail Address			
Website			
Name preference for membership lists, website info, etc			
<input type="checkbox"/> as above, or....			
Agency Contact			
Title			
E-Mail Address			
Phone (if different from above)		Ext	

Type of Organization (select all that apply)

Operating since (year): _____		
<input type="checkbox"/> Incorporated Nonprofit	<input type="checkbox"/> Registered Charity	
<input type="checkbox"/> United Way	<input type="checkbox"/> Business	<input type="checkbox"/> Library
<input type="checkbox"/> Municipal/Regional Government	<input type="checkbox"/> Provincial Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Social Planning Council	<input type="checkbox"/> Volunteer Centre	<input type="checkbox"/> Other, specify:

Please complete the following questionnaire. Summary information may be used on the IO website and in other materials which promotes the good work of our members.

Additional Contact Information

Name of Database Administrator			
Title			
Phone (if different from above)		Ext	
E-Mail Address			
Certification Designations	<input type="checkbox"/> Certified Resource Specialist		<input type="checkbox"/> CIRS
Name of Lead Information & Referral Staff			
Title			
Phone (if different from above)		Ext	
E-Mail Address			
Certification Designations	<input type="checkbox"/> Certified Information & Referral Specialist		<input type="checkbox"/> CRS
Total # of staff	_____		
Total staff with certification(s)	<input type="checkbox"/> Certified Information & Referral Specialist <input type="checkbox"/> Certified Resource Specialist		

Funding

Annual Information & Referral Budget

<input type="checkbox"/> Less than \$75,000	<input type="checkbox"/> \$75,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000
<input type="checkbox"/> \$500,001 to \$1,000,000	<input type="checkbox"/> \$1,000,001 to \$2,000,000	<input type="checkbox"/> Over \$2,000,000

Funding Sources

United Way _____%	Products/Services _____%	Fundraising _____%
Foundation _____%	Library _____%	
Municipal _____%	Federal _____%	Provincial _____%

Other, specify: _____

Service Features

Providing Information & Referral since (year): _____(if applicable)

Total Annual Inquiries _____ Latest available (year) _____

Walk in _____ Telephone _____ Electronic (via email or website) _____

Please select one which best describes the overall Information & Referral Program

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Comprehensive | <input type="checkbox"/> 211 Centre | <input type="checkbox"/> Library |
| <input type="checkbox"/> Crisis | <input type="checkbox"/> 211/311 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Specialized I&R in _____ | | |

Language of Service

English French Other _____

I&R Hours of Service

Monday to Friday _____ am to _____ pm

24 hours a day / 7 days a week

Extended evening hours / including weekends, specify: _____

Other, specify: _____

of print resources _____

of web directories _____

Software

Please identify enquiry and database applications used for at your agency

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Community Information Online Consortium (CIOC)
<input type="checkbox"/> Community Resources module
<input type="checkbox"/> Volunteer module
<input type="checkbox"/> Client Tracker module | <input type="checkbox"/> Other _____ |
|---|--------------------------------------|

Client Story and How Your Organization has made a Difference

Please provide a success story (based on enquiry service, partnership, project, etc) for use on the IO website and other materials which promotes the good work of our sector. Maximum of 500 words.

Other Community-Based Services

Tell us about other services provided by your organization.

- | | |
|--|---|
| <input type="checkbox"/> Meals programs | <input type="checkbox"/> Provide rental space to other organizations |
| <input type="checkbox"/> Transportation programs | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Publications – lists, directories, labels, etc |
| <input type="checkbox"/> Services for specific population group
(specify): _____ | <input type="checkbox"/> Friendly visitation |
| <input type="checkbox"/> Service-specific information, intake or after
hours telephone line
(specify): _____ | <input type="checkbox"/> Coordination of services for low income clients
(eg. assistance with obtaining furniture,
household items, moving help, etc) |
| <input type="checkbox"/> Reception services for another organization
(specify): _____ | <input type="checkbox"/> Community surveys |
| <input type="checkbox"/> Homelessness initiatives | <input type="checkbox"/> Specialized web directories |
| <input type="checkbox"/> Telephone assurance/outbound calling | <input type="checkbox"/> (add in your own) |
| <input type="checkbox"/> (add in your own) | <input type="checkbox"/> (add in your own) |

Other: Describe any partnerships or projects not already noted above. Include promo materials, annual reports, etc. or separate materials on item(s).

Issue(s) facing Your Community Service

As an I&R service, what issue(s) are you facing today?

Payment Details

Membership is for one (1) calendar year (Jan-Dec).

Payment directions below. Complete this Word document and e-mail it, along with any other materials, to InformOntario. Upon payment, a membership certificate will be issued.

<p>Make cheque payable to: InformOntario</p> <p>Send cheque to: InformOntario c/o 3010 Forest Glade Dr Windsor, ON N8R 1L5</p>	<p>Membership Form and Questions : E-mail: info@informontario.on.ca Phone: (519) 735-9344 (voice mail) c/o Barbara McLachlan</p>
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