



Ontario Society of  
Occupational Therapists

## OSOT Membership Mailing Label Purchase Agreement

Name/Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1) I wish to purchase labels at a cost of \$0.75 cents per label + \$10.00 admin fee, for the following regions/cities (*see map on next page*)

\_\_\_\_\_

2) And/or I wish to purchase labels by OT practice area(s)

\_\_\_\_\_

**OSOT Member? Provide your OSOT Membership ID and receive 10% discount:**

Select Method of shipment:      Regular Mail      Courier

### Conditions of Sale:

- A copy of the material to be mailed to members must be submitted with the purchase agreement. This material must represent the full and complete content of the proposed mailing.
- You (the advertiser) will be responsible for the actual mailing procedure and costs.
- The labels are not to be used for a purpose other than for circulation of approved material and will not be passed on to others for their use.
- Under no circumstances are the labels to be used to obtain telephone numbers.

***By signing this purchase agreement, I the undersigned, have accepted the above conditions of sale;***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment:      Credit Card (Visa/MasterCard only)

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card : \_\_\_\_\_ Signature: \_\_\_\_\_

Scan/email to [memberservices@osot.on.ca](mailto:memberservices@osot.on.ca)

For more information, call 416-322-3011

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## Regions

OSOT members are assigned to a geographic region according to their preferred mailing address. These regional boundaries coincide with the boundaries of the electoral districts of the College of Occupational Therapists of Ontario to facilitate membership comparison to the College's registration base.

