**APPLICATION FOR OLTA ASSOCIATE**

**July 1, 2024 – June 30, 2025**

|  |  |
| --- | --- |
| **Organization Name:** |  |
| Address: |  |
| City, Province, Postal Code: |  |
| Phone: |  |
| Email: |  |
| Website: |  |

|  |  |
| --- | --- |
| **Contact** | |
| Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

**OLTA Associate Fee:**

* **Ontario organization - $595 or $585 if paid by July 19, 2024**
* **National organization - $3,500 (equivalent to fees of provincial members).**

**Associate Agreement**

We apply as an associate of the Ontario Land Trust Alliance. Please find enclosed a cheque for $\_\_\_\_\_\_ as our fee for the OLTA membership year July 1, 2024 to June 30, 2025.

1. Our organization is a charitable corporation or operates in the public interest and have as our principal objects the protection and conservation of locally significant areas of natural, agricultural, cultural heritage.
2. Our organization/conservation authority supports the *Canadian Land Trust Standards and Practices* and have accepted these or their equivalent to use as the technical and ethical guidelines for our organization’s land securement and stewardship operations and are committed to make continual progress toward implementation of these standards and practices as a condition of membership.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing Authority (Please Print) Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_