



ONTARIO SENIOR TAMILS BENEVOLENT ASSOCIATION

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

ஓன்டாரியோ முது தமிழர் நலன்புரி ஆதாயமற்ற சங்கம் # 1866873

NEW APPLICATION FORM FROM 2025 ONWARDS

Age limit from 60 to 75 Years only

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 _____

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

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

8 Membership number # and 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 _____ Initial _____

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

Single Couple*

A	Membership Fees	No Refund	Yearly	\$ 20	\$ 40
B	Mandatory Deposit	Top it up	Always	\$ 85	\$ 170
	Total			<u>\$ 105</u>	<u>\$ 210</u>

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

*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: info@ostba.ca
Or deposit at Our TD Bank or at BMO Bank. Phone on cell on (416) 473-6880 or on
(416)-629-0065 and obtain details of our Banks transit and account number.
The contribution as per By Law#3.2 of the O.S.T.B. A Constitution goes towards the Death
Donation Reserve. Your deposit of \$65 shall be refunded /paid along with final payment to
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
installment payment, and complete contributions and death call contributions falling,
within this one-year period to become an Accredited Member eligible for benefits. You will
not be provided with an accreditation certificate on completion of one year.

15. I (Your name) First _____ Last name _____
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-----Revocable
(First) (Last)

Relationship _____ ID #-----Phone: -----

E-Mail-----

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

Relationship--Wife -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

*Signature of Applicant ----- Date -----

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

Signature of Treasurer /Asst Treasurer-----

* Signature /initial required Denotes certain conditions apply

** Refer our website www.ostb5.ca

For Official Use

Duly completed forms to be mailed to our Mail box only