

January 2010

TO:HAAO Member Auxiliaries/Associations
RE:HAAO 2010 MEMBERSHIP FEE NOTICE

Enclosed is the 2010 Fee Notice. Please return the white copy with your remittance on, or before March 31, 2010 to:

Margaret Anne Robertson, Treasurer
Hospital Auxiliaries Association of Ontario
200 Front Street West, Suite 2800
Toronto, On M5V 3L1



Margaret Anne Robertson
Treasurer

Encl.

2010 FEE NOTICE

HOSPITAL AUXILIARIES ASSOCIATION OF ONTARIO

TO: _____

NO: _____

2010 FEES are based on bed size of facility at the following rates:

Category	Bed Size of Facility	Fee
1	Associate members / 0 beds	\$140
2	1 – 99 beds	\$150
3	100 – 199 beds	\$300
4	200 – 399 beds	\$500
5	400 – 599 beds	\$700
6	600 – 799 beds	\$800
7	800 beds and over	\$900

BED SIZE OF YOUR FACILITY IS: _____ **YOUR FEE IS:** _____

Fees are due upon receipt of this notice and should be paid before **March 31, 2010**.

Make cheque payable to: **HOSPITAL AUXILIARIES ASSOCIATION OF ONTARIO**

and mail to:

Margaret Anne Robertson, Treasurer
Hospital Auxiliaries Association of Ontario
200 Front Street West
Suite 2800
Toronto ON M5V 3L1

PLEASE NOTE - NO RECEIPTS WILL BE ISSUED.

Your membership seal will be forwarded to you by June 30, 2010.

Forward white copy with cheque. **Retain** a copy for your files and audit purposes.

Name: _____

Address: _____

(Incl. Postal Code) _____

Telephone: _____

(Incl. area code)

Date: _____

Office Held: _____

For Office use only

date deposited: _____