



ONTARIO PEER DEVELOPMENT INITIATIVE (OPDI)

MEMBERSHIP & ASSOCIATE MEMBERSHIP APPLICATION

Section A - General Information

Name of organization	
Mailing address:	
Street	
City	
Postal Code	
LHIN Region	
Email address	
Phone #	
Toll Free #	
Fax #	
Web Site	
Do you have satellite offices: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please tell us about the Mission of your organization.	
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Section B - Type of Membership applying for:

Associate Membership - Please proceed to Section C

- Promotes positive change for Consumer/Survivors
- Supports the objectives of OPDI
- Actively consults with Consumer/Survivor members of the organization on program and policy decisions (i.e. Board, Advisory Committees)
- The organization values the experiential expertise of Consumer/Survivors
- Have developed Consumer/Survivor directed programs
- The organization operates within a framework of acceptance, respect, openness and inclusion
- Employ Consumer/Survivors

General Membership - please check off the characteristics that apply to your organization.

- Owned and operated by Consumer/Survivors
- Promotes positive change for Consumer/Survivors
- Supports the objectives of OPDI
- Structured as an incorporated entity or in the form of a Consumer/Survivor Advisory Committee
- Consumer/Survivors members of the organization play a leadership role in decision-making
- Actively consults with Consumer/Survivor members of the organization on program and policy decisions
- The organization values the experiential expertise of Consumer/Survivors
- The organization operates within a framework of acceptance, respect, openness and inclusion
- Where funding is available, the organization employs Consumer/Survivors in compliance with the laws of Ontario including pay equity

In what category would you place your organization?

- Independent organization with their own Board of Directors
- A flow through organization with their own steering/advisory committee **
- A flow through organization without a steering/advisory committee **

** please fill out Sponsor Agency Information

Sponsor Agency Information	
Name of organization	
Executive Director	
Mailing address:	
Street	
City	
Postal Code	
Email address	
Phone	
Toll Free	
Fax	
Website	

Section C - Contact Information

Details of main contact person (to receive all membership information)

Name	
Title	
Mailing address:	
Street	
City	
Postal Code	
E-mail	
Phone	
Fax	

MISSION

Ontario Peer Development Initiative's mission is to acquire, understand and amplify the unique and distinct voice of consumer/ survivor organizations across Ontario. The experiential expertise of our peers will shape the mental health system to achieve a valued, recovery- oriented, community-base approach to support.

I, _____ (please print) on behalf of the above named organization, apply to renew our membership to the Ontario Peer Development Initiative and indicate our support for its mission.

Signature: _____

Date: _____