

Contract (Occasional Teachers Only)

Starting Date Termination Date
 (dd/mm/yy) (dd/mm/yy)

Teaching Certificates: Type Date
 (dd/mm/yy)

Degree(s) University Year

I am a member of: (check / one if applicable) AEFO ETFO OECTA
 other

- I enclose \$50.00 to cover my fee as a Voluntary Member of OSSTF/FEESO.
- I enclose an additional \$100.00 to cover my fee for a Certification Rating Statement.
Make your cheque payable to the Treasurer of OSSTF/FEESO.

Signature of Applicant..... Date

Your Application Will Not Be Processed Unless it Is Approved by Your Local OSSTF/FEESO District.

District No. Signature
 (Signed by Local OSSTF/FEESO District)

I hereby consent to the collection, and use of the above-noted information by the Ontario Secondary School Teachers' Federation. This information shall be used exclusively for the purposes of union administration and the representation of our members.

Dated at _____ this _____ day of _____, 2017/2018

Name of applicant (print) Signature of applicant

For Office Use Only	
Rec'd P.E. Memo # App. Date/#	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Doc – Cert
<input type="checkbox"/> Accounting	<input type="checkbox"/> Certification
<input type="checkbox"/> Membership	Ref. #

