

Application for New Voluntary Membership - 2024-2025

If certification services are required,

please visit the QECO website at <u>https://qeco.on.ca</u> for more information.

- 1. Voluntary membership may be granted by the Provincial Executive to a person who is:
 - (a) certified as a secondary school teacher in the Province of Ontario, and/or who is employed in an educational capacity; or
 - (b) a former member of OSSTF/FEESO who has been placed on long term disability and whose contract with an employer has been terminated. This membership shall not be granted for more than two successive years.

The annual fee for this membership is \$50.00.

2. Voluntary Members are entitled to receive all routine information and official communications from OSSTF/FEESO, and to attend in a non-voting capacity, OSSTF/FEESO meetings which are open to the general membership.

I hereby apply for Voluntary Membership in OSSTF for the 2024-2025 school year.

Personal Informa	ation				
Last Name		Fir	st Name		
Home Address .	(Otro ot)				
	(Street)			(Apt.#)	
	(Province)			one No	
Email Address					
Social Insurance	No		Date of Birt	h	
Workplace Inform	nation				(dd/mm/yy)
District School B	oard				
School OR other	Educational Instit	ution			
School/Work Add	dress	:)		(Deetel Co	
	·			·	
School/Work Pho	one No		Fax No		
Position Held				Permanent 🗆	Occasional 🗆
				www	/.osstf.on.ca 迷



<u>Contract</u> (Occasional Teachers Only)

Starting Date Ter	mination Date	9	
(dd/mm/yy)			ld/mm/yy)
Teaching Certificates: Type			Date
			(dd/mm/yy)
Degree(s) Unive	rsity		Year
I am a member of: (check / one if applicable)	AEFO 🗆	ETFO 🗆	OECTA 🗆
	Other		

- □ I enclose a cheque in the amount of \$50.00 to cover my fee for the renewal of my Voluntary Membership with OSSTF/FEESO. Please make your cheque payable to the Treasurer of OSSTF/FEESO.
- □ I enclose credit card particulars (form attached) in the amount of \$50.00 to cover my fee for the renewal of my Voluntary Membership with OSSTF/FEESO.

Please obtain approval from your local OSSTF/FEESO District before forwarding this application to the General Secretary. If there are any questions concerning this, kindly contact the office of the General Secretary at 416 751 8300 or 1 800 267 7867.

District No.

Signature of District representative

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	, 20
Name of applicant		
Signature of applicant		

For Office Use Only			
Rec'd P.E. Memo # App. Date/#	□ \$50 □ \$100 □ Doc – Cert		
□ Accounting □	Certification		
Membership R	Ref. #		



Application for New Voluntary Membership - 2024-2025

CREDIT CARD PAYMENT

I hereby apply for Voluntary Membership with OSSTF/FEESO for the 2024-2025 school year. Kindly deduct the payment of \$50.00 towards the fee for a NEW voluntary membership. The credit card particulars are below.

Card Holder Name	
Card Type (Visa/MasterCard)	
Card Number	
Card Expiry Date	
Card CVV (3 digit # on back of card)	
Amount	

KINDLY RETURN THIS FORM / OR CHEQUE / WITH APPLICATION FORM