

## Application for Renewal of Voluntary Membership – 2024-2025

If certification services are required,

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

I wish to renew my voluntary membership in OSSTF/FEESO for the 2024-2025 school year.

Last Name		First Name		
Home Address				
	(Street		(Apt.#)	
			Telephone No	
(City)	(Province)	(Postal Code)		
Email Address				
Social Insuranc	e No			
OSSTF Member	ship No			
Membershi	ip with OSSTF/FEE		e for the renewal of my Volunt	ary

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.

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 □ Ce	rtification			
Membership Ref. #	!			





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## **CREDIT CARD PAYMENT**

I hereby apply for Voluntary Membership with OSSTF/FEESO for the 2024-2025 school year. Kindly apply the payment of \$50.00 towards the fee for the RENEWAL of my 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 RENEWAL FORM

