

Application for New Voluntary Membership 2019-2020

Please obtain approval from your local OSSTF/FEESO District **before** forwarding this application to the General Secretary, OSSTF/FEESO, 60 Mobile Drive, Toronto, Ontario, M4A 2P3. If there are any questions concerning this, please contact the office of the General Secretary at 416-751-8300 or 1-800-267-7867.

- 1. Voluntary membership may be granted by the Provincial Executive to a person who is:
 - (a) certificated as a secondary school teacher in the Province of Ontario, and/or who is employed in an educational capacity; and
 - (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.

 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.

Personal Information	on					
I hereby apply for Volui	ntary Membership in	OSSTF for the	current school	year.		
Last Name		First Name			М 🗆	F□
Home Address	(Street)			(Apt.#)		
			Hom	e Phone No		
(City)	(Province)	(Postal Code)				
Social Insurance No				Date of Birth	(dd/mm/	
Workplace Informatio	n					
District School Board						
School OR other Educa	ational Institution					
School/Work Address	(Street)		(City)	(Posta	l Code)	
School/Work Phone No	o		Fax No			
Position Held			Perr	nanent □	Occasional	

Contract (Occasional Teachers Only)						
Starting Date(dd/mm/yy)	Termination Date(dd/mm/yy) Date(dd/mm/yy)					
Teaching Certificates: Type						
Degree(s) U	niversity		Year			
I am a member of: (check / one if applicable)	AEFO □		OECTA 🗆			
☐ I enclose \$50.00 to cover my fee as a Volunta	ry Member of OSST	F/FEESO.				
Signature of Applicant			Date			
Your Application Will Not Be Processed U		-				
District No Signate			OSSTF/FEESO District)			
I hereby consent to the collection, and use of the Teachers' Federation. This information shall be representation of our members.				d the		
Dated at this day of , 2019-2020						
Name of applicant (print)	Sigr	nature of applica	ant			
	For Office Use Only					
	Rec'd P.E. Memo # App. Date/#		350 Doc – Cert			
	☐ Accounting	□ Certil	fication			
	☐ Membership	Ref. #				

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