

Application for New Voluntary Membership - 2021-2022

*If **certification services** are required,
please visit the QECO website at <https://qeco.on.ca> 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; 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.

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 2021-2022 school year.

Personal Information

Last Name **First Name**

Home Address
(Street) (Apt.#)

..... **Telephone No.**
(City) (Province) (Postal Code)

Email Address

Social Insurance No. **Date of Birth**
(dd/mm/yy)

Workplace Information

District School Board

School OR other Educational Institution

School/Work Address
(Street) (City) (Postal Code)

School/Work Phone No. **Fax No.**

Position Held Permanent Occasional



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 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.

Name of District representative

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/#	<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. #

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CREDIT CARD PAYMENT

I hereby apply for Voluntary Membership with OSSTF/FEESO for the 2021-2022 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 RENEWAL FORM