



Application for New Voluntary Membership 2020-2021

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.

- Voluntary membership may be granted by the Provincial Executive to a person who is:
 - certificated as a secondary school teacher in the Province of Ontario, and/or who is employed in an educational capacity; and
 - 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. If certification services are required, there is an additional charge of \$100.00 for this service.

- 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

I hereby apply for Voluntary Membership in OSSTF **for the current school year.**

Last Name First Name M F

Home Address
(Street) (Apt.#)

..... Home Phone 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 \$50.00 to cover my fee as a Voluntary Member of OSSTF/FEESO.

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 _____, 2020-2021

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. #

