



**APPLICATION FORM**

Parliamentarian, Deputy Parliamentarian

**PLEASE PRINT**

**I AM SEEKING APPOINTMENT TO THE PARLIAMENTARIAN TEAM AT THE ETFO ANNUAL MEETING.  
PLEASE CHECK APPROPRIATE BOXES.**

<b>Position</b>	<input type="checkbox"/> PARLIAMENTARIAN	<input type="checkbox"/> DEPUTY PARLIAMENTARIAN
<b>Membership</b>	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ASSOCIATE
	<input type="checkbox"/> HONORARY LIFE	<input type="checkbox"/> RETIRED DURING 2011-2012

**APPLICANT INFORMATION**

<b>NAME</b> _____	<b>LOCAL</b> _____
<b>MEMBERSHIP #</b> _____	<small>CIRCLE ONE</small> TEACHER    OT    ESP    PSP    DECE
<b>HOME ADDRESS</b> _____	
<b>SUMMER ADDRESS</b> _____	
<b>HOME PHONE</b> _____	<b>E-MAIL</b> _____
<b>SCHOOL PHONE</b> _____	<b>FAX</b> _____
<b>SUMMER PHONE</b> _____	<b>FAX</b> _____
<b>SIGNATURE</b> _____	<b>DATE</b> _____

**APPLICABLE EXPERIENCE**

**TOTAL YEARS:**

Teaching _____	Working in Education _____
Other Experience _____	
and/or relevant _____	
information _____	
<small>Additional Space on Back</small>	

**RETURN TO:**

**JIM WHITE  
COORDINATOR  
PROTECTIVE SERVICES**

**DEADLINE:  
JANUARY 11, 2012**

480 University Avenue, Suite 1000  
Toronto, Ontario M5G 1V2  
416-962-3836 ext. 2272  
1-888-838-3836  
Fax 416-642-2424  
jwhite@etfo.org

Member self-identification allows ETFO to achieve a critical goal, supporting, and encouraging the participation of all members in ETFO programs, services, and events.

By completing this section, ETFO will be able to undertake the necessary statistical analysis to achieve this goal. All information collected and the reporting of statistical data will ensure full confidentiality of all members. Although the completion of this section is voluntary, ETFO encourages members to self-identify.

**Self-identification:**

Aboriginal  disabled  lesbian, gay, bisexual, transgender  racialized group  woman

