

ASSOCIATE MEMBERSHIP APPLICATION FORM

Elementary Teachers' Federation of Ontario
 480 University Avenue, Suite 1000, Toronto, Ontario, M5G 1V2
 Telephone: 416-962-3836 Toll-Free: 1-888-838-3836
 Fax: 416-642-2424 Website: www.etfo.ca



| MEMBERSHIP INFORMATION | | | |
|--|-----------|------------------------------|-----------------------------|
| Name | | Social Insurance Number | |
| Address | | City | Province |
| | | | Postal Code |
| Phone Numbers (Please include area code) | | Email Address: | |
| Home: () | Work: () | Cell: () | |
| Present Employer (if applicable) | | Present Occupation | |
| ETFO Local to Which I Wish to Be Assigned: (Optional-May be left blank) (ETFO Associate Membership Expires annually on June 30) | | | |
| I Intend to apply for a QECO Rating | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| ASSOCIATE MEMBERSHIP FEE | | | |
|---|--|-------------------------------|-------------------------------------|
| Unless you are a retired member, cost of membership is \$100.00, payable annually. Bylaw 1, Fees – 1.6 Retired Members is \$15.00, payable annually. All payments must accompany this application form. | | | |
| Credit Card Payment: | | | |
| | | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> |
| Card Number: | | Expiry Date: | Cardholder's Signature: |
| | | | |
| Payment by Cheque: Enclosed cheque payable to ETFO. Amount \$ _____ must accompany form. | | | |
| Signature _____ | | Date of Application _____ | |

| ~ FOR LOCAL USE ONLY ~ | |
|---|------------|
| This applicant is accepted as an associate member of: | |
| _____ Local _____ | |
| Signature of Local President _____ | Date _____ |

| ~ FOR ETFO USE ONLY ~ | | |
|----------------------------|----------------|-------|
| Provincial Office Approval | Approval Date: | |
| _____ | _____ | _____ |