

MEMBERSHIP

Application

PROFESSIONAL IDENTIFICATION

LAST NAME

FIRST NAME AND INITIAL

CURRENT POSITION

SCHOOL/OFFICE NAME

SCHOOL BOARD

SCHOOL PHONE

E-MAIL ADDRESS

HOME PHONE

MAILING ADDRESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY

PROVINCE

POSTAL CODE

PAYMENT

Cheque Enclosed



NAME ON CARD

CREDIT CARD NUMBER

EXPIRY MONTH

EXPIRY YEAR

Please return completed form to:

Ontario ASCD
P.O. Box 348
Whitney, Ontario K0J 2M0