



**APPLICATION FOR OASPHE MEMBERSHIP
2016 - 2017**

(PLEASE PRINT)

NAME: _____

BOARD OF EDUCATION: _____

POSITION/TITLE: _____

DEPARTMENT/SCHOOL: _____

ADDRESS: _____
(Street, P.O. Box #)

_____ (City) _____ (Postal Code)

OFFICE PHONE NUMBER: () _____

E-MAIL ADDRESS: _____

AREA(S) OF RESPONSIBILITY: Elementary _____ Secondary _____ Both _____

In what ways can OASPHE provide support to you in your role in your board/school?

Please enclose a \$40.00 cheque made payable to OASPHE and return to:

Ann Amberg
2006 - 75 Emmett Ave.
Toronto, ON M6M 5A7

PLEASE COMPLETE APPLICATION AND RETURN BEFORE FRIDAY, OCTOBER 28, 2016