



CATHOLIC SCHOOL CHAPLAINS OF ONTARIO

2012 Membership Form

DATE

NAME

SCHOOL BOARD

SCHOOL NAME

SCHOOL ADDRESS

(Street, City/Town/ Postal Code)

SCHOOL PHONE ()

Ext

SCHOOL FAX ()

EMAIL

Full-Time Chaplain

Y

N

Part-Time Chaplain

Y

N

FEE ENCLOSED \$

(Single membership is \$50.00; more than one Chaplain per school is \$50.00 for one and \$25.00 for each of the others)

IMPORTANT! - BOARDS OF EDUCATION

If sending **ONE CHEQUE** for all the Chaplains, please include **ALL** of the above information for **EACH CHAPLAIN**.

Thank you.

Please send MEMBERSHIP FORM and FEE to:

Christine Gomes, CSCO Treasurer

Father Michael McGivney Catholic Academy

5300 Fourteenth Avenue

Markham, Ontario

L3S 3K8

PH: (905) 472-4961 Ext. 247 FAX: (905) 472-4976

email: christine.gomes@cscoco.ca

Please make cheques payable to "Catholic School Chaplains of Ontario"