| NAME  | Click or tap here to enter text. |
| --- | --- |
| EMAIL ADDRESS | Click or tap here to enter text. |
| SCHOOL BOARD  | Click or tap here to enter text. |
| SCHOOL NAME  | Click or tap here to enter text. |
| YEARS IN CHAPLAINCY | Click or tap here to enter text. |
| SOCIAL MEDIA (if you have a chaplaincy social media account, please list your username & what platform) |  |
| As a chaplain, are you a member of a union? If so, which one? |  |

**INFORMATION DISCLOSURE**

I would like to share my name, school board and email address on the password protected members page of the csco.ca website: ☐ YES ☐ NO

**MEMBERSHIP TYPE**

☐ FULL TIME ~ $75

 ☐PART TIME ~ $50

☐ ASSOCIATE ~ $50

**PAYMENT TYPE**

☐SCHOOL CHEQUE ☐BOARD CHEQUE

 ☐ PERSONAL CHEQUE ☐ EFT

| ***IMPORTANT******All mailed cheques and EFTs must include a copy of the membership form.****If sending* ***one*** *cheque for multiple chaplains,* ***please ensure that you include a copy of this form for each individual chaplaincy leader.*** |
| --- |

Please make payment payable to:

**Catholic School Chaplains of Ontario**

*IMPORTANT NOTE:* Cheques ***MUST*** be made out to the full name (**Catholic School Chaplains of Ontario** NOT “CSCO”). The bank will not deposit cheques made out to “CSCO”

Send this COMPLETED FORM and CHEQUE PAYMENT to:

*Joe Rogers*

*Lester B. Pearson Catholic High School*

*2072 Jasmine Crescent*

*Gloucester, ON K1J8M5*

*613-741-4525 xt # 234*

*csco.membership@gmail.com*

If paying via Electronic Transfer, please send payment to:

*Diana Condi - csco.treasurer@gmail.com*