

# MEMBERSHIP APPLICATION



Ontario Association of  
Adult and Continuing Education  
School Board Administrators

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Salutation (Mr. Mrs. Ms. Other \_\_\_\_\_)

Position \_\_\_\_\_ Board/Organization \_\_\_\_\_

School/Site \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ X \_\_\_\_\_

Bus. Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Bus. E-mail \_\_\_\_\_ (e-mail is used for confirmation)

CESBA shares contact information with CESBA members only  I do not wish to share contact info.

I subscribe to, and support, CESBA's main object – *“to promote and advance the cause of adult and continuing education”*, and agree to abide by CESBA's bylaws.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **PAYMENT:**

One year's full membership fee (Dec 1 – Nov 30) is \$95.00

After March 1, mid-term membership fee is \$ 65.00

After Aug 1, late membership fee is \$30.00

Fees include GST (#882254410RT)

Cheque enclosed

Credit card info to be phoned in

Cheque to be mailed

Credit card info below

**Credit Card:**  MasterCard  Visa

Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry \_\_\_\_\_ / \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**Cheques:** Mail this form, with cheque, to the CESBA office.

**Credit Cards:** Fax this form to the CESBA office

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