



Membership Application
2006-2007 Application form

PLEASE Note: membership fee is based on a school year calendar.

Name: Title/Position: _____

School Board: _____

Mailing Address:

_____ (# and street)

_____ (city, province)

_____ (postal code)

Telephone #: _____

Fax #: E-Mail: _____

Is this a Renewal _____ or are you a New Member _____? (please check one)

Complete and return this form, along with a cheque (payable to SCCAO) for \$50 for Regular Membership or \$40 for Associate/Retiree Membership. Membership receipts will be issued at the next SCCAO meeting as confirmation of your membership.

Membership to SCCAO is open to any employee of a Board of Education in Ontario with consulting and co-ordinating and/or supervisory responsibilities for science programs in more than one school within the Board's jurisdiction.

Associate membership: available to employees of not-for-profit organizations (such as the Ontario MEd, Ontario Universities, Community Colleges and Faculties of Education, OISE/UT, OTF and its affiliates) or other individuals deemed to have interests consistent with the purpose of SCCAO.

NOTE: In compliance with the new Federal Personal Information Protection and Electronic Documents Act (PIPEDA), SCCAO has developed a new Privacy Policy to protect the information that you provide. Please refer to this policy on our website at <http://www.sccao.org>.
Your personal information will NOT be used for any purposes other than the successful completion of your registration as an active member of the Association.
Your information will not be distributed to any third party sources.
 I give consent to release contact information to the SCCAO membership.

RETURN TO: Catherine Little,
Toronto District School Board,
140 Borough Drive, level 2,
Toronto, Ont.,
M1P 4N6