

OSSTF District 5A Teacher Bargaining Unit Application

Date: _____

Part A - Applicant Information

Student's First Name: _____ Student's Last Name: _____

Student's Date of Birth: _____

Secondary school you attended, or you are currently attending: _____

Year you graduated or year you will graduate from secondary school: _____

Address you want correspondence sent:

Street Address: _____ City: _____

Postal Code: _____

Part B - Member Information

Name of Parent/Guardian who is a TBU member in good standing of OSSTF/FEESO

If the member is retired/deceased, please provide month/year of retirement/passing away: ____

Member's First Name: _____ Member's Last Name: _____

OSSTF/FEESO Membership Number: _____

- Is the applicant a:
- Child of the member
 - Stepchild of the member
 - Ward of the member

Work Location: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Personal E-mail Address: _____

Is your permanent address the same as above: Yes No

If no, please provide your permanent address:

Street Address: _____ City: _____

Postal Code: _____

I hereby consent to the collection and use of the above-noted information by the Ontario Secondary School Teachers' Federation. This information shall be used exclusively for the purposes of union administration and the representation of our members.

Name of Parent/Guardian: _____

Signature: _____