TESL Ontario
Membership Application

27 Carlton St. Suite 405
Toronto, ON M5B 1L2
Tel: 416-593-4243
Toll Free: 1-800-327-4827
Fax: 416-593-0164
www.teslontario.org

Please check one:

- □ New Regular Membership
- □ Regular Membership Renewal
- □ New Accredited Membership
- □ Accredited Membership Renewal

_____ Last Name
_____ First Name
_____ Middle Name

_____ Mailing Address
_____ City
_____ Province
_____ Postal Code

_____ Home Phone Number
_____ Email Address

_____ Ext._____ Work Phone Number
_____ Name of School or Employer

CURRENT TEACHING SECTOR
Please check all sectors that apply to you

- □ Elementary
- □ Secondary
- □ ELT
- □ LINC
- □ Adult Credit
- □ Continuing Education (e.g. ESL)
- □ College/University
- □ Private School
- □ Not Teaching Currently
- □ Other

AFFILIATE
Please check one affiliate you wish to belong to

- □ Durham
- □ Hamilton/Wentworth
- □ Kingston
- □ London
- □ Niagara
- □ North York/York Region
- □ Northern Region
- □ Ottawa
- □ Peel/Halton/Etobicoke
- □ Toronto
- □ Waterloo-Wellington
- □ Windsor
- □ Not Affiliated

ANNUAL FEE SCHEDULE
Includes GST Registration #: R126198043
Please check one:

□ **Regular Fee** **$86.00**
(Accredited membership applicants should pay the regular fee)
□ **Volunteer/Student/Friend of TESL*** **$60.00**
□ **Pro-rated Accredited Membership Fee** $_____
Please see reminder letter for payment

*Teaching volunteers please submit a letter from your supervisor; Part-time or full-time students please submit a copy of student fee payment.

I understand that Instructor Accreditation/renewal is granted only if all requirements are satisfied.

PAYMENT OPTIONS
Cheque, Cash (do not mail cash) or Visa only
Payable to TESL Ontario

_____
Visa #
Expiry Date: _____

_____
Signature of Cardholder

FOR OFFICE USE ONLY

_____ **Application Received**
$ _____ **Amount Paid**
□ **Cheque** □**Cash** □**Visa**

Membership Expiry Date:_____ **Accreditation Date:**_____