

submitted to TESL Ontario upon request.

MS Expiry Date: ___

TESL ONTARIO MEMBERSHIP FORM

27 Carlton Street, Suite 405 Toronto, Ontario M5B 1L2 T 416.593.4243 F 416.593.0164 TF 1.800.327.4827

administration@teslontario.org www.teslontario.org

Standard Membershi Reduced fees for volunteers,			tified Membe ing membership	-		CTESOL* (*For those	
Last Name		First Name			Middle Name		
Mailing Address (includ	le suite number if	applicable) City	/	Province	Postal Code	
() Home Phone							
()_		Email A	ddress (require	d)			
Cell Phone							
() Work Phone (if applicable	Ext	_ □Place o	of Employment ((if applicable)	or □Name of Scho	ol(if currently attending)	
As a member of TESL Onta Ontario local Affiliate Chapt interest to TESL Ontario me Ontario Affiliate Chapters a	ers, TESL Ontario pa embers. Unsubscrib	ertners & occa ne options are	asional messages	on behalf of 3rd	party organizations of		
CURRENT TEACHING	SECTOR: Please	check all	that apply				
☐ Elementary	ementary						
□ Secondary □ ELT	☐ OSLT ☐ Private School		College/Univer Not Currently 1	•			
LOCAL TESL AFFILIA will receive notices of I						ate of your choice. You e check one.	
□ Durham□ Hamilton/Wentwortl□ Kingston	-	«/York Rea	☐ Northe☐ Ottawa	1		loo-Wellington	
☐ Check here if you re		-	•	·			
ANNUAL FEE SCHED							
Prices are non-refundable	R126198043	,		□Cheque □Cash (do not mail) □Visa □MC □AMEX			
☐ Standard Membersh		\$ 85.88 wal) \$ 56.50		For credit card payments, please call 416.593.4243 or 1.800.327.4827 OR provide a daytime phone number below where you can be reached during business hours.			
☐ Volunteer/Student/F	newal)						
☐ Certified Membershi	p renewal (OCELT	or CTESOL)	\$ 178.54	23.01. 7711	,	229 2303330410	
*This category is available for non-certified members only. Part-time or full-time students please submit a copy of student fee pmt. This option is also available for retired or unemployed members. Teaching volunteers please submit a letter from your supervisor.				Daytime	Daytime Phone Number		

☐ I hereby confirm that I have completed the required 10 PD hours for this certification renewal. Proof will be

For office use only: pmt rec'd _____ Amt Paid \$ ____ a Chq a Cash a Visa a MC a AMEX

__ Certification Date: ___