



## Membership Application

### Professional Identification:

*Last Name*

*First Name and Initial*

*Current Position*

*School/Office Name*

*School Board*

*School Phone*

*e-mail Address*

*Home Phone*

### Mailing Address:

*Line 1*

*Province*

*Postal Code*

*Line 2*

**Payment:** *Credit Card*

(Complete Below)

*City*

*Cheque*

(Enclosed)

### Credit Card Information:

*Credit Card Type:* Visa  Mastercard

*Name on Card*

*Credit Card Number*

*Expiry Month*

*Year*

### Complete and submit to:

*Ontario ASCD,  
10 Seymour Avenue,  
St. Catharines ON*

*L2P 1A4*