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 Standard Membership
- □ Standard Membership Renewal
- □ New Accredited Membership
- □ Accredited Membership Renewal

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____ _____
Mailing Address (include apt/suite number if applicable) City Province Postal Code

_____ _____
Home Phone Number Email Address (required for accredited mbrs to be listed on the registry)

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

Please note that due to the size of our membership we are only able to send member communications via email. If you don't provide an email address you will not receive member updates and newsletters.

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 HST Registration #: R126198043
Please check one:

- □ **Standard Membership Fee $ 86.00**
- □ **Accredited Membership Fee $166.00**
- □ **Volunteer/Student/Friend of TESL* $60.00**

*This category is available only for non accredited members. Teaching volunteers please submit a letter from your supervisor; Part-time or full-time students please submit a copy of student fee payment. Friends of TESL are retired or unemployed members.

- □ **Pro-rated Accredited Membership Fee** $_____

(Please see reminder letter for payment amount)

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

_____
Visa #
Expiry Date: _____

_____
Signature of Cardholder

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

FOR OFFICE USE ONLY

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

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