



Ontario History and Social Science Teachers' Association: Membership Application Form

Instructions: Fill out the form below and then return it to the address given below.

SURNAME/FAMILY NAME:		GIVEN NAME:	
STREET ADDRESS:		APT. #:	
CITY:		POSTAL CODE:	
HOME TELEPHONE #:		WORK TELEPHONE #:	
EMAIL ADDRESS:			
SCHOOL or COMPANY:		BOARD OR ORGANISATION:	
SCHOOL ADDRESS:			

- Please remember to make your \$40.00 cheque payable to OHASSTA.
- Send your completed membership for to:

OHASSTA
52 Baccarat Cres
Brampton
Ontario
L7A 1K8

OHASSTA does not sell or lend its mailing list information. All correspondence is handled directly through the Membership Co-ordinator for OHASSTA.