



JOIN OADE!

Membership Application

First Name: _____ Last Name: _____

Agency or School Board Name: _____

Address: _____

City: _____ Postal Code: _____

Business Ph. #: _____ Cell Ph. #: _____

Email: _____ Fax #: _____

I am a: Teacher Administrator Educational Assistant
 Parent/Family Member Other _____

Membership Fee: \$30.00 annually

Membership is valid for **one calendar year** and is *non-transferrable*.

Print this form. **Complete** it and **keep a copy** for your records.

Mail it along with your signed cheque (made out to "OADE Membership") to:

OADE Membership
c/o Hubert Van Niekerk
300 Clarke Road
London, ON N5W 5N4

Thank you for your support!

Don't forget to sign up for the OADE Members Forum...it's a part of your Membership.

Questions about membership? Contact Susan Stevenson-Turner by email at: vp_membership@oade.ca
(Please note: There is an underscore between 'vp' and 'membership' in the email address above.)