

Member Information (New Members)

S.I.N. (Required)

Gender

Female

Male

Name

Address

City

Province

Postal Code

Home Phone No.

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Board Name

School Name

Completion of this section is voluntary. As an equity-seeking organization, ETFO must be aware of members belonging to groups that experience discrimination in order to plan programs and do outreach. Anyone who is not comfortable in disclosing this information need not complete this section

Self Identification:

Aboriginal

Disabled

Lesbian, gay, transgender

Racial Minority

Please complete this form and return it to the ETFO Representative at your New Member Workshop or mail/fax it directly to ETFO Provincial Office, Attention: Membership Dept. You will receive a more in depth survey and your membership card at a later date.

You are important to ETFO. We want you to receive our publications and your ETFO Membership card, so please help to update our records.
Thank you for supporting your Federation