NAME: Click here.

EMAIL ADDRESS: Click here.

SCHOOL BOARD: Click here.

SCHOOL NAME: Click here.

I would like to share my name, school board and email address on the *password protected members page* of the csco.ca website. Yes or No

MEMBER TYPE: Choose an item.

PAYMENT AMOUNT: Choose an item.

PAYMENT STATUS: Choose an item.

PAYMENT TYPE: Choose an item.

**Please make payment payable to:**

***Catholic School Chaplains of Ontario***

and send this **COMPLETED FORM** and **PAYMENT** to:

*Joanne Belanger, CSCO Membership & Marketing*

*Nicholson Catholic College*

*301 Church St. Belleville, ON*

*613-967-0404 ext. 260*

[*csco.membership@gmail.com*](mailto:csco.membership@gmail.com)

**NOTE:** Please ensure that all payments are sent with complete registration information. If sending one cheque for multiple chaplains, registration forms for **ALL** chaplaincy leaders must be included with payment.