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: Choose an item.

MEMBER TYPE: Choose an item.

PAYMENT TYPE: 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:

*Anita Bedore, CSCO Treasurer*

*St. Theresa CSS*

*135 Adam Street*

 *Belleville, ON, K8N5K3*

*613-968-6993 x2020*

*csco.membership@gmail.com*

**NOTE:** **If sending one cheque for multiple chaplains, please ensure that you include a copy of this form for each individual chaplaincy leader. If possible please include a list of the chaplaincy leaders included in the payment along with the cheque**