

**CTCC Association**  
**Ontario Association of School Board Administrators**  
**For Care, Treatment, Custody and Correctional Programs**

**Membership Application**

**Home Information**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
St. Address

\_\_\_\_\_  
Home Phone#

\_\_\_\_\_  
Home E-mail

\_\_\_\_\_  
City/Province

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Postal Code

**Business**

\_\_\_\_\_  
Facility (School)

\_\_\_\_\_  
Position

\_\_\_\_\_  
St. Address

\_\_\_\_\_  
Work Phone#

\_\_\_\_\_  
Board

\_\_\_\_\_  
City/Province

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Facility E-mail

\_\_\_\_\_  
Postal

**Send Correspondence to:**    Home    Facility

**Privacy Agreement**

**Information provided on this Membership Application will be available to members of the CTCC Association executive.**

**Information relating to business location (name, position, work address, phone number, fax number, e-mail address, school board and agency) will be available to current CTCC members, school boards and Ministry of Education officers.**

**Signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Please send \$50.00 Annual Membership Fee (payable to CTCC Association) and Application to:**

**Cindy Matthews % WRDSB, 51 Ardelt Avenue, Kitchener, ON N2C 2R5**