



# OAME MEMBERSHIP FORM

**NEW MEMBER** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_ **CORRECTIONS** \_\_\_\_\_ **MEMBERSHIP #** \_\_\_\_\_

**CHAPTER**            **CHAMP** **COMA** **GOLDEN** **GVMA** **ISOMA** **MAC<sup>2</sup>** **NOMA** **NWOAME**  
**PINE RIDGE** **QLSMA** **SAME** **SWOAME** **TEAMS** **WOMA** **Y<sup>4</sup>MA**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ TOWN PROV POSTAL CODE

SCHOOL NAME: \_\_\_\_\_

BOARD NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ TOWN PROV POSTAL CODE

TELEPHONE # RES. (\_\_\_\_) \_\_\_\_\_ BUS. (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Circle one or more: ELEMENTARY SECONDARY COLLEGE UNIVERSITY STUDENT RETIRED

MEMBERSHIP FEES: one year (Canada) \$40.00 5 year (Canada) \$180.00  
student members \$25.00/yr Retired member \$30.00/yr

AMOUNT ENCLOSED \$ \_\_\_\_\_ (payable to OAME) OR  
**CREDIT CARD INFORMATION**

Cardholder Name (Print) \_\_\_\_\_ Amount: \_\_\_\_\_

Type (Check One): VISA  Mastercard

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Please send all mail to residence \_\_\_\_\_ to school \_\_\_\_\_

Mail to: OAME, 70 Chestnut Court, London ON N6K 4J5  
OR Fax to 519 471 6324