

**APPLICATION FOR MEMBERSHIP 2024-2025**

**Personal Information**

*Please complete the membership data where applicable. All information will be kept confidential.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ PR: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

School Name: \_\_\_\_\_ School City: \_\_\_\_\_

**Employment Details**

Full Time       Part Time

Percent Employed: \_\_\_\_\_ % Years employed in an Edvance Affiliated School: \_\_\_\_\_

**Membership Category**

- |  |   |
|--|---|
| <input type="checkbox"/> Principal or VP | <input type="checkbox"/> Paraeducator                     |
| <input type="checkbox"/> Teacher         | <input type="checkbox"/> Administrative Support and Other |

**Employment Classification**

- |  |   |
|--|---|
| <input type="checkbox"/> Elementary                        | <input type="checkbox"/> Finance Manager                |
| <input type="checkbox"/> High School                       | <input type="checkbox"/> Custodial                      |
| <input type="checkbox"/> Principal                         | <input type="checkbox"/> Office Administrator           |
| <input type="checkbox"/> Vice-Principal                    | <input type="checkbox"/> Development Director/Marketing |
| <input type="checkbox"/> Student Support Services Director | <input type="checkbox"/> Librarian                      |
| <input type="checkbox"/> Educational Assistant             | <input type="checkbox"/> Facilities Manager             |
| <input type="checkbox"/> Teacher Assistant                 | <input type="checkbox"/> Bus Driver                     |
| <input type="checkbox"/> Early Childhood Educator          | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> PSW                               |   |

**Additional Information**

Certificate of Qualifications and Regulation # (if applicable): \_\_\_\_\_

Christian School Teachers Certificate (CSTC) # (if applicable): \_\_\_\_\_

Christian School Principal's Certificate (CSPC) # (if applicable): \_\_\_\_\_

Other Degrees or Certificates: \_\_\_\_\_

Total # of years employed in a CSI school: \_\_\_\_\_

**What would you like your Vocate online account username to be? Can be your name or email or...**

**2024-2025 Vocate Membership Fees:**

The annual membership fee is 0.55% of the member's annual gross earnings.

Each membership category has an annual cap. For the 2024-2025 school year, the annual cap is:

Principals/VP: **\$415**

Teachers: **\$360**

Paraeducators: **\$165**

Administrative Support and Other Employees: **\$260**

On Leave: **\$108**

Associate (supply teachers and/or retired members): **\$77**

For on-leave, the fee would be prorated according to your annual gross earnings for the remainder of the year. Please contact our office if you return to work during the school year

***For employees that have positions at the school that fall into two of the employment categories above, they shall be listed in the School Membership List using the employment category having the higher percentage of employment.***

**Please indicate what your fee for the year will be (capped amount or 0.55%): \$ \_\_\_\_\_**

*To determine your annual membership fee, multiply your annual earnings by 0.0055. For example, a teacher with an annual salary of \$54,000 has an annual membership fee of \$297. (54,000 x 0.0055 = 297)*