vocate
CHRISTIAN SCHOOL EMPLOYEES ASSOCIATION

Tel: (905) 648-1200
Email: office@vocate.ca
Website: vocate.ca

APPLICATION FOR MEMBERSHIP 2026-2027

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

☐ Principal or VP
☐ Teacher
☐ Paraeducator
☐ Administrative Support and Other
☐ On Leave

Employment Classification

☐ Elementary
☐ High School
☐ Principal
☐ Vice-Principal
☐ Student Support Services Director
☐ Educational Assistant
☐ Teacher Assistant
☐ Early Childhood Educator
☐ PSW
☐ Finance Manager
☐ Custodial
☐ Office Administrator
☐ Development Director/Marketing
☐ Librarian
☐ Facilities Manager
☐ Bus Driver
☐ Other: _____

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 at a school: _____

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

(FYI: system is not able to change once it is created) _____

Password: _____

2026-2027 Vocate Membership Fees

The annual membership fee is 0.60% of the member's annual gross earnings.

Each membership category has an annual cap. For this school year, the annual cap is:

Principals/VP: **$470**

Teachers: **$415**

Paraeducators: **$190**

Administrative Support and Other Employees: **$295**

On Leave: **$120**

Associate (supply teachers and/or retired members): **$88**

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 or more of the employment categories above, the annual fee and cap shall be calculated using the employment category having the higher percentage of employment and the employee shall be listed in the School Membership List using this applicable employment category.

Please indicate what your fee for the year will be (capped amount or 0.60%): $ _____

To determine your annual membership fee, multiply your annual gross earnings by 0.60%. For example, a teacher with an annual salary of $54,000 has an annual membership fee of $324 ($54,000 x 0.60% = 324).