



**TERMINATING OFIS Membership Form – 19/20 School Year (AUGUST 1<sup>ST</sup>- JULY 31<sup>ST</sup>)**

Schools terminating membership must complete and submit this form and receive confirmation of membership termination from OFIS office before AUGUST 1<sup>ST</sup> 2019 or be assessed membership renewal fees for the 19/20 membership year. Schools terminating membership must refrain from reporting affiliation with OFIS to the Ministry of Education (NOI), through any type of marketing and/or receive OFIS price points with sponsors (see website for more details) **\*\*Please Keep A Copy For Your School Files!\*\***

**A. SCHOOL MEMBERSHIP INFORMATION - COMPLETE ENTIRE SECTION:**

OFIS ID# \_\_\_\_\_ BSID# \_\_\_\_\_  
(OFIS ID# Can Be Found In OFIS Online Directory – BSID# Is Issued By Ontario Ministry Of Education)

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

ASSOCIATION NAME (IF APPLICABLE): \_\_\_\_\_

FULL CAMPUS ADDRESS: \_\_\_\_\_  
\*Include City & Postal Code

PRINCIPAL: \_\_\_\_\_ CONTACT (if different): \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL EMAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

**B. REASONS FOR TERMINATING MEMBERSHIP (check which ones apply):**

- JOINED ALTERNATE ASSOCIATION (NAME) - \_\_\_\_\_
- DID NOT USE MEMBERSHIP SERVICES & RESOURCES (including sponsor services & resources @ special prices)
- COST OF MEMBERSHIP FEES
- OTHER (PLEASE SPECIFY) - \_\_\_\_\_  
\_\_\_\_\_

By completing this form, I understand that I am terminating my membership by giving notice to the OFIS Board of Directors in writing by the annual membership deadline (August 1<sup>st</sup>), as agreed to in my original application and I understand that any outstanding membership fees are non-refundable. I am a signing officer for the school indicated in this form.

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Signature of Board Chair (if applicable) or school owner

Date: \_\_\_\_\_

**PLEASE SEND THIS COMPLETED FORM TO OFIS – 101 HOLIDAY INN DRIVE, PO BOX 29011, CAMBRIDGE, ON, N3C 0E6**