



EXECUTIVE CONTACT INFORMATION

Please fill out this form and return to the OFHSA office as soon as possible so you can continue to receive information, mailings and other OFHSA communications.

YEAR: _____

H&S ASSOCIATION: _____

H&S COUNCIL: _____

School Information

Please provide the school's address for Federation records.

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

Mailing Address

Please use the school address to mail information to the Association as needed.

Please use the following address to mail information to the Association as needed.

C/O _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

Digital Communications

Please send electronic communications to **all** Association Executive

Please use the following e-mail address to send electronic communications to the Association.

Please fill out this form and return to the OFHSA office as soon as possible.

Return by e-mail to: info@ofhsa.on.ca

- OR -

The Ontario Federation of Home & School Associations

51 Stuart Street
Hamilton ON L8L 1B5

President's Information

NAME: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

Vice-President's Information

NAME: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

2nd Vice-President's Information

NAME: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

Secretary's Information

NAME: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

Treasurer's Information

NAME: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

Other Position Information

NAME: _____
POSITION: _____
E-MAIL ADDRESS: _____
PHONE #: _____ HOME CELL

Note: By providing your e-mail addresses and phone #'s, you give consent for these to be used by OFHSA to contact you.