



CATHOLIC SCHOOL  
CHAPLAINS OF ONTARIO

2024/2025 MEMBERSHIP REGISTRATION FORM

NAME	
EMAIL ADDRESS	
SCHOOL BOARD	
SCHOOL NAME	
YEARS IN CHAPLAINCY	
SOCIAL MEDIA (if you have a chaplaincy social media account, please list your username)	FACEBOOK Click or tap here to enter text. INSTAGRAM: bishop_ryan_chaplaincy TWITTER Click or tap here to enter text. TIKTOK Click or tap here to enter text.

INFORMATION DISCLOSURE

I would like to share my name, school board and email address on the password protected members page of the csko.ca website: ☐ YES ☐ NO

MEMBERSHIP TYPE

- ☐ FULL TIME ~ \$75  
☐ PART TIME ~ \$50  
☐ ASSOCIATE ~ \$50

PAYMENT TYPE

- ☐ SCHOOL CHEQUE ☐ BOARD CHEQUE  
☐ PERSONAL CHEQUE ☐ EFT

**IMPORTANT**

**All mailed cheques and EFTs must include a copy of the membership form.**  
**If sending one cheque for multiple chaplains, please ensure that you include a**  
**copy of this form for each individual chaplaincy leader.**

Please make payment payable to:  
**Catholic School Chaplains of Ontario**

**IMPORTANT NOTE:** Cheques **MUST** be made out to the full name (**Catholic School Chaplains of Ontario** NOT “CSCO”). The bank will not deposit cheques made out to “CSCO”

Send this COMPLETED FORM and CHEQUE PAYMENT to:

Joe Rogers  
Lester B. Pearson Catholic High School  
2072 Jasmine Crescent  
Gloucester, ON K1J8M5  
613-741-4525 xt # 234  
[csko.membership@gmail.com](mailto:csko.membership@gmail.com)

If paying via Electronic Transfer, please send payment to:

Vincenzo Silvestro  
[csko.treasurer@gmail.com](mailto:csko.treasurer@gmail.com)