

**OPC Membership Application – 2018-2019**

**Personal Information**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred Name (if different than legal first name): \_\_\_\_\_ Middle Name or initial: \_\_\_\_\_  
 Gender:  Female  Male Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 OCT Number: \_\_\_\_\_ Board Employee Number: \_\_\_\_\_ SIN (optional): \_\_\_\_\_

**Home Contact Information**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Personal Home Email Address: \_\_\_\_\_

**Board Information**

District School Board: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Position:  Vice-Principal  Principal School Type:  Elementary  Secondary  Other: \_\_\_\_\_  
 School Street Address: \_\_\_\_\_  
 School City: \_\_\_\_\_ School Postal Code: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_  
 Personal Board Email Address: \_\_\_\_\_

**Important Dates**

**Permanent Appointment**

Date of resignation from the Teachers' Federation (MM/DD/YYYY): \_\_\_\_\_  
 Date of appointment as Principal/Vice-Principal (MM/DD/YYYY): \_\_\_\_\_

**In an Acting Position** (if eligible for full membership)

Date of appointment to Acting Position (MM/DD/YYYY): \_\_\_\_\_  
 Proposed end date of Acting Position (MM/DD/YYYY): \_\_\_\_\_

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I consent to receiving commercial electronic messages from the OPC, including the Education Leadership Canada News Bulletin, and information about applicable Member discounts available from third party providers (your contact information will not be provided to any third party without your express consent). NOTE: By becoming a Member or Associate of the OPC, you will receive non-commercial electronic communications that are relevant to you as a Member or Associate of the OPC, including the OPC President's Message and OPC Benefits notifications if applicable.

I consent to the collection of my personal information, inclusive of salary information, for use by the Ontario Principals' Council (OPC). I have reviewed and will follow the requirements of the OPC Membership Policy located at [www.principals.ca](http://www.principals.ca)

Signature: \_\_\_\_\_ Date Signed (MM/DD/YYYY): \_\_\_\_\_

2018-2019 Membership Fee: \$1,218.00 from September 1, 2018 – August 31, 2019 (prorated by date of appointment)

**PRE-AUTHORIZED PAYROLL DEDUCTION** (complete this section to have your membership fees deducted through payroll withdrawal)

TO: (District School Board) \_\_\_\_\_. You are hereby authorized and directed to automatically deduct the Ontario Principals' Council (OPC) membership fees, which are income tax deductible, from my pay cheque effective (date of appointment: MM/DD/ YYYY) \_\_\_\_\_ until revoked by me in writing. Such sums are to be paid to the Ontario Principals' Council (OPC) on account of membership fees only as directed by the OPC. The district school board (DSB) will not be held responsible to me for monies so paid during the term of this directive.

Dated at (Location): \_\_\_\_\_, Ontario

As of (Date: MM/DD/YYYY): \_\_\_\_\_

Member's Full Name (please print): \_\_\_\_\_

Member's School (please print): \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**The OPC will submit this form to the payroll department of your DSB. Please inform the OPC of any changes to your personal information. To preserve your entitlement to historical legal coverage, you must apply for membership within 60 days of your appointment and fees must be paid from the date of your appointment to be eligible for historical legal coverage.**

**LUMP SUM DIRECT PAYMENT** (complete this section to pay your membership fees by credit card or personal cheque)

Cardholder Name (As it appears on the card): \_\_\_\_\_

Payment Method (Please check one):  VISA  MasterCard  American Express  Cheque

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Security Code (last three or four digits on the back of your card): \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_