

OPC Membership Application – 2024-2025

Personal Information

First Name: _____ Last Name: _____
Preferred Name (if different than legal first name): _____ Middle Name or initial: _____
Gender Identity: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to specify ☐ Prefer to specify: _____
Date of Birth (MM/DD/YYYY): _____ OCT Number: _____ Board Employee Number: _____

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 (and eligible for 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 Professional Learning 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. OPC Benefits notifications will also be sent if you elect to join the Benefits plan.

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

Signature: _____ Date Signed (MM/DD/YYYY): _____

2024-2025 Membership Fee: \$1,475.00 from September 1, 2024 – August 31, 2025 (prorated by date of appointment)

PRE-AUTHORIZED PAYROLL DEDUCTION (complete this section for payroll deductions)

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 protective services coverage, you must apply for membership within 60 days of your appointment. Fees must be paid from the date of your appointment to be eligible for historical protective services coverage.

LUMP SUM DIRECT PAYMENT (complete this section for payment 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: _____