Ontario Principals' Council
Est. 1998

20 Queen St. W., Suite 2700, PO Box 7
Toronto, ON M5H 3R3
Tel: 416-322-6600 or 1-800-701-2362
Fax: 1-866-445-9249
Email: membership@principals.ca

OPC Membership Application 2026 – 2027

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: _____

Personal Board Email Address: _____

Key Appointment Dates

Permanent Appointment

Date of resignation from the Teachers' Federation (MM/DD/YYYY): _____

Date of appointment as Principal/Vice-Principal (MM/DD/YYYY): _____

Acting Appointment (and eligible for membership)

Date of appointment to Acting Position (MM/DD/YYYY): _____

Proposed end date of Acting Position (MM/DD/YYYY): _____

Transferring Boards

Effective date of transfer to new board (MM/DD/YYYY): _____

Privacy Statement: The Ontario Principals' Council (OPC) recognizes the importance of privacy and the sensitivity of personal information. We are committed to protecting any personal information we hold. In addition, our lawyers have a professional obligation to keep confidential all information they receive within a lawyer-client relationship. The OPC Privacy Policy outlines how we manage your personal information and safeguard your privacy. Please visit www.principals.ca to view the Privacy Policy.

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☐ I consent to receiving commercial electronic messages from the Ontario Principals' Council (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 (digital or ink only): _____ Date Signed (MM/DD/YYYY): _____

Membership Fee 2026 – 2027
1.1% of annual base salary (prorated by date of appointment)

Complete either: ☐ **Payroll Deduction** **OR** ☐ **Lump Sum Direct Payment** **Do not complete both.**

Payroll Deduction

PAYROLL DEDUCTION (**Complete this section to have your membership fees deducted incrementally through payroll**)

To: (District School Board) _____. You are hereby authorized and directed to deduct the Ontario Principals' Council (OPC) membership fees, calculated at 1.1% of my annual base salary and prorated where applicable, from my pay cheque effective (date of appointment: MM/DD/ YYYY) _____. These sums which are income tax deductible are to be remitted to the Ontario Principals' Council (OPC) as membership fees only, as directed by the OPC. The district school board (DSB) shall not be held liable to me for any amounts paid during the term of this authorization, which will remain in effect until revoked by me in writing.

Dated at (Location): _____ Ontario _____ As of (Date: MM/DD/YYYY): _____

Member's Full Name (please print): _____ Member's Signature: _____

Member's School (please print): _____

Witness Name (please print): _____ Witness Signature: _____

Digital or ink signature only. Typed signatures are not accepted.

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, <u>you must</u> 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 protective services coverage.

Lump Sum Direct Payment

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

Annual Base Salary: _____ 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 (digital or ink only): _____ Date: _____

The OPC reserves the right to verify the annual base salary and or adjust the fee amount indicated above.