

2700-20 Queen St. W., PO Box 7

Toronto, ON M5H 3R3

Tel: 416-322-6600 or 1-800-701-2362

Fax: 1866-445-9249

Email: membership@principals.ca

Term Assignment Membership Application					
☐ Term Assignment Membership (working up to	\$761.00				
☐ Term Assignment Membership (working beyo	\$1,475.00 or remaining difference				
Coverage for Members on Term Assignment is effective from the date the application is received up to August 31 st . If you apply within 30 days of starting your first Term (supply) Assignment for the school year, you may be eligible for retroactive coverage beginning on the start date of your assignment.					
Personal Information					
First Name:	Last Name:				
Preferred Name (if different than legal first name	:	Middle Name or Initial:			
Gender Identity: \square Male \square Female \square Non-Bir	ary \square Prefer not to specify	\square Prefer to specify:			
OPC #: Ontario College of Teach	ers #: Date of	Birth (MM/DD/YYYY):			
Home Contact Information					
Street Address:					
City:	Province:	Postal Code:			
Home Phone Number:	Cell Number:	_			
Preferred Email Address (board or personal):					
Employment Dates					
Start date (MM/DD/YYYY):					
Expected end date, if known (MM/DD/YYYY):					
School, Board or Organization Information					
School, Board or Organization Name:					
Street Address:		_			
City:					
Phone Number:	Fax Number:				

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.

Consent and Payment Information						
	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 participate in the Benefits plan.					
	I confirm that I have reviewed and will adhere to the requirements outlined in the OPC Membership Policy available at www.principals.ca .					
	I consent to my email address being shared with the Term Members' Association to support my participation, collaboration and representation.					
Sign	Signature:Date Signed (MM/DD/YYYY):					
Payment Method						
	mber Name:					
Cardholder Name (as it appears on the card):						
Payment Method (please check one): USA		☐ MasterCard	☐ American Express	☐ Cheque		
Card Number:Amount:						
	xpiry Date:Security Code (last three or four digits on the back of your card):					
Carc	Cardholder Signature:Date Signed (MM/DD/YYYY):					