

Term Assignment Membership Application

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| <input type="checkbox"/> Term Assignment Membership (working up to 50 days) | \$761.00 |
| <input type="checkbox"/> Term Assignment Membership (working beyond 50 days) | \$1,475.00 or remaining difference |

Coverage for Members on Term Assignment is effective from the date the application is received up to August 31st. 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: Male Female Non-Binary Prefer not to specify Prefer to specify:
 OPC #: _____ Ontario College of Teachers #: _____ 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: _____ Province: _____ Postal Code: _____
 Phone Number: _____ Fax Number: _____

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.

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

Payment Method

Member Name: _____

Cardholder Name (as it appears on the card): _____

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

Card Number: _____ Amount: _____

Expiry Date: _____ Security Code (last three or four digits on the back of your card): _____

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