

Associate Category Application

(Coverage is effective for 12 months from the date application is received or as otherwise indicated)

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|--|-----------------|
| <input type="checkbox"/> Associate Category 1: Retired, Resigned, Return to Teaching or Board Senior Staff | \$130.00 |
| <input type="checkbox"/> Associate Category 2: OPC Members on Leave or Secondment | \$130.00 |
| <input type="checkbox"/> Associate Category 3: Individuals with an Interest in Education | \$130.00 |

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 (Promotion, Leave, Secondment, Return to Teaching)

Start date (MM/DD/YYYY): _____

Expected end date, if known (MM/DD/YYYY): _____

School, Board or Organization Information (if applicable)

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 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): _____

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): _____