

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

### 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](http://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): \_\_\_\_\_