

### Term Assignment Membership Application

- Term Assignment Membership (working up to the OTPP limit)** **\$761.00**
- Term Assignment Membership (continuing to work beyond the OTPP limit)\*** **\$1,475.00 or remaining balance**
- \*The balance is payable at the end of the month in which you exceed the OTPP limit and continue working

Coverage for Members on term assignment is effective from the date the application is received and continues until August 31st. If you apply within 30 days of starting your first term (supply) assignment in the school year, you may be eligible for retroactive coverage effective from 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](http://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): \_\_\_\_\_