

OPC Associate or Term Membership Application – 2024-2025

<input type="checkbox"/> Associate Class 1: Retired or Resigned Member	\$130.00
<input type="checkbox"/> Associate Class 2: Acting or Aspiring Principal/Vice-Principal	\$130.00
<input type="checkbox"/> Associate Class 3: Individual with interest in education	\$130.00
<input type="checkbox"/> Associate Class 4: Board Senior Staff	\$130.00
<input type="checkbox"/> Associate Class 5: OPC Member on Leave, Secondment, or Reassignment	\$130.00
<input type="checkbox"/> Term Membership – Retired Member working up to the OTPP prescribed limit (50days)	\$885.00
<input type="checkbox"/> Term Membership – Retired Member working beyond the OTPP prescribed limit (50 days)	\$1,475.00 or remainder

Term Membership coverage extends from September 1, 2024 (or the date of receipt of this application if received after September 1, 2024) to August 31, 2025. If you apply within 30 days of commencing your first term (supply) position of the school year, you may be eligible for retroactive coverage from the start of the 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 home): _____

Employment Dates (Promotion, Leave, Secondment, Term assignment, etc.) (if applicable/available)

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

School or Organization Information (if applicable/available)

Organization, Board, and/or School Name: _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number: _____ Fax Number: _____

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- ☐ 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: _____