

Associate Category 4 Application – 2024-2025

Associate Category 4: Indigenous Community School Administrators

\$761.00

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 home): _____

Employment Dates

Start date (MM/DD/YYYY): _____

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

Board and/or School Information

Board, and/or School 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 an Associate – Category 4 of the OPC, you will receive non-commercial electronic communications that are relevant to you as an Associate of the OPC, including the OPC President's Message.
- 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: _____