

2700-20 Queen St. W., PO Box 7 Toronto, ON M5H 3R3 Tel: 416-322-6600 or 1-800-701-2362 Fax: 416-322-6618 Email: membership@principals.ca

Associate Category 4 Application – 2024-2025					
Associate Category 4: Indigenous Community School Administrators					
Personal Informat	ion				
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:					
		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:			

Privacy Statement: The Ontario Principals' Council (OPC) recognizes the importance of privacy and the sensitivity of personal information. We are committed to protecting any personal information we hold. In addition, our lawyers have a professional obligation to keep confidential all information they receive within a lawyer-client relationship. The OPC Privacy Policy outlines how we manage your personal information and safeguard your privacy. Please visit www.principals.ca to view the Privacy Policy.

## 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.					
<ul> <li>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 <u>www.principals.ca</u></li> </ul>					
Signature:	Date Signe	Date Signed (MM/DD/YYYY):			
Payment Method					
Member Name:					
Cardholder Name (As it appears on the card): Payment Method (Please check one):					
Card Number:		_Amount:			
Expiry Date: Secu	piry Date: Security Code (last three or four digits on the back of your card):				
Cardholder Signature:		Date:			