



ONTARIO PROFESSIONAL FORESTERS ASSOCIATION

APPLICATION FOR

RE-ADMISSION

1. Personal Information

Name: _____
Legal Last Name Legal First Name Middle Name(s)

Preferred name: _____

Salutation (optional): Mr. Ms. Mrs. Dr. None

Date of Birth: ____/____/____(YYYY/MM/DD) Gender (optional): _____

OPFA Member #: _____

2. Home Address

Send correspondence to: Home Business

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone Number: _____ - _____ - _____

Email Address: _____

3. Business Address

(* mandatory section if employed)

I am (pick one): Employed Self-employed Not Currently Employed

Job Title: _____

Organization Name: _____

Street Address: _____

Mailing Address: Same as Above

Address: _____

City: _____ Province: _____ Postal Code: _____

Country: _____ Phone Number: _____ - _____ - _____

Email Address: _____

4. Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the OPFA to release a member's home address without their consent. The OPFA publishes an online membership directory for its members (www.opfa.ca). Members must sign into the Members Only side of the website to access the membership directory that contains the addresses of members where OPFA correspondence is sent (see Sections 2 & 3 above). The Member List that is accessible to the public does not contain addresses or contact information for our members.

NOTE: The OPFA's mailing list is not released to advertisers or any other outside parties.

5. Memberships

Are you a member of another technical society or professional organization? Yes No

If yes, please specify: _____

6. Declaration

- I have completed a Personal Practice Focus and a Learning Plan and have retained them in my files.
- I will only practise in those professional forestry fields where training and ability make me professionally competent.
- I am familiar with [The Professional Foresters Act, 2000](#), the current OPFA [Bylaws](#), OPFA [Practice Guidance](#) and the [Ontario Regulation 145/01: Professional Foresters Association](#)

7. Certification

I recognize that under the *Professional Foresters Act, 2000* a person commits an offence if he/she applies for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached are correct, complete and provides full disclosure. I also certify that, if granted membership under the terms of the *Professional Foresters Act, 2000* and the By-laws of the association, I agree to abide by the terms of the *Professional Foresters Act, 2000* and the association's By-laws (including the Code of Ethics and the Professional Standards of Practice).

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

NOTE: An original signed and dated copy of this page must be sent by email, fax or mail to the OPFA office.

Note: This information is collected by the OPFA under the authority of the *Professional Foresters Act 2000* and will be used to assess the corresponding application for membership.

Completed forms are to be emailed to registration.coordinator@opfa.ca or faxed to the OPFA office at (905) 877-6766, or mailed to the Ontario Professional Foresters Association, 201-5 Wesleyan Street, Georgetown, Ontario, L7G 2E2.

Questions? Please contact the Registration Coordinator by phone: (905) 877-3679 or by email at: registration.coordinator@opfa.ca. Inquiries may also be mailed to the OPFA office at the above address.