



**APPLICATION FOR**

**PROVISIONAL MEMBERSHIP**

**1. Personal Information**

**Name:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Legal Last Name                      Legal First Name                      Middle Name(s)

**Preferred Name:** \_\_\_\_\_ **Salutation** (optional):    Mr.    Ms.    Mrs.    Dr.    N/A

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (YYYY/MM/DD)    **Gender** (optional): \_\_\_\_\_

**OPFA Member #** (if applicable): \_\_\_\_\_

<b>2. Home Address</b>	<b>Send correspondence to:</b>	<b>Home</b>	<b>Business</b>
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**Mailing 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    Different: \_\_\_\_\_

**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

Were you previously a member of the OPFA?      Yes      No      If yes: Member # \_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6. Post-secondary Education

List degrees/diplomas obtained starting with the most recent (attach a separate sheet if additional space is required): NOTE: Transcripts must be sent directly from the issuing academic institution to the OPFA.

1. \_\_\_\_\_  
Institution Name      Province/State, Country

\_\_\_\_\_  
Program Name, Degree/Diploma Received      Graduation Month/Year

2. \_\_\_\_\_  
Institution Name      Province/State, Country

\_\_\_\_\_  
Program Name, Degree/Diploma Received      Graduation Month/Year

3. \_\_\_\_\_  
Institution Name      Province/State, Country

\_\_\_\_\_  
Program Name, Degree/Diploma Received      Graduation Month/Year

## 7. Experience

**I have submitted a current resume or Curriculum Vitae to the OPFA office.**

**I understand that I am required to be supervised or informally mentored** while attaining the 18 months progressive, relevant experience in accordance with the by-laws and the Criteria for Relevant Experience.

## 8. Sponsors

**I understand that I am responsible to find sponsors and enter into a Mentoring Agreement** with each mentor/sponsor at the beginning of the relationship.

**I will submit completed and signed Mentoring Agreements to the OPFA office,** usually within 30 days of approval as a Provisional member, and within 30 days of any change in mentors.

## 9. Certification

I recognize that under the *Professional Foresters Act* 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 is 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: A signed and dated copy of this page must be sent by email, fax or mail to the OPFA office, in addition to submission of the completed fillable application form.**

## 10. Application and Membership Fees

Your application package must include the application fee. Your application fee covers the processing of your application and is non-refundable.

The membership fee covers your annual membership and is payable if your application has been approved.

The application and membership fees that apply to each category of membership are listed in the OPFA Fees Schedule and are available on the "Fees" page of the website under Registration. You can pay your fees by mailing a cheque, money order, or MasterCard/Visa information to the address below or by calling in your credit card information to the address or phone number below.

**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](mailto: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](mailto:registration.coordinator@opfa.ca). Inquiries may also be mailed to the OPFA office at the above address.