

APPLICATION FOR

RE-ADMISSION

1. Personal Information			
Name:Legal Last Name	I Legal First Name	I Middle Name(s)	
Preferred name:			
Salutation (optional): □Mr.	□Ms. □Mrs.	□Dr. □None	
Date of Birth:/(YYYY/N	MM/DD) Gender (optional):		
OPFA Member #:			
2. Home Address	Send correspondence to:	□Home □Business	
Address:			
City: Prov	ince:	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: Prov	ince:	Postal Code:	
Country:	Phone Number:		
Email Address:			
City:Prov	ince: Phone Number:		

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 org		Yes	No	
If yes, please specify:				
6. Declaration				
□ I have completed a Personal Practice Focus and a Learning Plan an	d have retained the	em in my files	S.	
□ I will only practise in those professional forestry fields where training competent.	and ability make m	e profession	ally	
□ I am familiar with <u>The Professional Foresters Act, 2000</u> , the current <u>Guidance</u> and the <u>Ontario Regulation 145/01: Professional Foresters</u>		A Practice		
7. Certification				
I recognize that under the <i>Professional Foresters Act, 2000</i> 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 <i>Professional Foresters Act, 2000</i> and the By-laws of the association, I agree to abide by the terms of the <i>Professional Foresters Act, 2000</i> 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: 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.

the OPFA office.

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

Completed forms are to be emailed to <u>registration.coordinator@opfa.ca</u> 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.