

STUDENT MEMBERSHIP APPLICATION FORM

1.	Personal Information				
Name:					
	Legal Last Name	Legal First	Name	Middle Name	
Preferred Name:		Salutation (optional):			
Date of Birth:		(YYYY/MM/DD) Gender (self-identify):			
2.	Mailing Address				
Mailing address:					
City:		Province:		Postal Code:	
Country:		Phone Number:			
Email Address:					
3.	Post-secondary Institution where Currently Enrolled				
University/College Name:					
Program:					
Expected degree/diploma:					
Expect	ed Graduation Date:		(YYYY/MM/DD)		
4.	Prior post-secondary E	ducation			
Please list all prior degrees & diplomas (attach a separate sheet if additional space is required)					
1.	Institution Name			Province/State, Country	
2. 3.	Degree/Diploma Received			Graduation Month/Year	
	Institution Name			Province/State, Country	
	Degree/Diploma Received			Graduation Month/Year	
	Institution Name			Province/State, Country	
	Degree/Diploma	Received		Graduation Month/Year	
4.	Certification				

I recognize that under the *Professional Foresters Act 2000* a person commits an offence if they apply 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.

Signature of Applicant:

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

Date:

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.

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

Completed forms are to be emailed to <u>opfa@opfa.ca</u> or sent by regular mail 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.

Information on how Student Members can continue with the registration process to become a Registered Professional Forester (R.P.F.) or an Associate Registered Professional Forester (Associate R.P.F.) <u>can be found here</u>, or by contacting the OPFA Registration Manager at <u>registration.manager@opfa.ca</u>

Applicants are also required to complete and submit the Declaration of Good Character which is found on the following 2 pages.



DECLARATION OF GOOD CHARACTER BY APPLICANT

All applicants must complete this declaration. Please note that failure to disclose information or providing false information on this declaration may result in an application being denied.

- Have you ever been convicted or found guilty in any criminal proceedings? Yes No If yes, provide details:
- Are you currently the subject of any criminal proceedings? Yes No
 If yes, provide details:
- Has any action ever been entered against you involving fraud? Yes No If yes, provide details:
- Are there any outstanding civil actions against you? Yes No If yes, provide details:
- 5. Have you ever been suspended, disqualified, or otherwise disciplined as a member of any professional organization?
 Yes No
 If yes, provide details:

6. Have you ever been denied a licence or permit, or had any licence or permit revoked for failure to meet good character requirements?

Yes No

If yes, provide details:

7. While attending a post-secondary institution, have allegations of misconduct ever been made against you?

Yes No If yes, provide details:

Have you ever been refused admission into any professional body?
 Yes No
 If yes, provide details:

I certify that the information provided on this form is true and accurate, and I will notify the Registrar within 30 days of any changes in my responses to the above questions.

Name:

Date:

Signature:

This declaration must be submitted along with the application form. Additional pages may be attached if additional space is required.