

## 5 GGC7 5 H9 MEMBERSHIP APPLICATION FORM

### 1. Personal Information

Name:

Legal Last Name

Legal First Name

Middle Name(s)

Preferred name:

Date of Birth:

(YYYY/MM/DD)

Gender (self identify):

OPFA Member #:

(if applicable)

If already registered as a Professional Forester in another Canadian province:

R.P.F.#:

Province of Registration:

### 2. Home Address

Send correspondence to:

Home

Business

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](http://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. Post-secondary Education

List degrees/diplomas obtained starting with the most recent (attach a separate sheet if additional space is required): NOTE: Transcripts for relevant degrees/diplomas 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 have submitted a copy of my Work History Form to the OPFA office and to my sponsors.**

## 8. Sponsors

**I have instructed my sponsors to submit sponsorship forms directly to the OPFA office:**

- |                 |                 |
|-----------------|-----------------|
| 1. <b>Name:</b> | 2. <b>Name:</b> |
| <b>OPFA #:</b>  | <b>OPFA #:</b>  |

## 9. Scope of Practice

- a. **Please state those specific aspects of professional forestry that you are requesting be approved in your Associate Member Scope of Practice:**

Use a separate page at the end of this form if necessary. The definition of professional forestry and examples of aspects of professional forestry are included in the *Professional Foresters Act 2000*, Section 3 (1).

## 9. Scope of Practice (continued)

b. Please state the geographic area in which you intend to practise professional forestry:

c. Please state the most recent period (e.g. 2009-2014) in which you have experience in those aspects of professional forestry that you are requesting be approved in your OPFA Associate Member Scope of Practice:

## 10. Certification

I recognize that under the *Professional Foresters Act* 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. I also certify that, if granted membership under the terms of the *Professional Foresters Act 2000* and the By-law of the association, I agree to abide by the terms of the *Professional Foresters Act 2000* and the association's By-law (including the Code of Ethics and the Professional Standards of Practice).

**Signature of Applicant:**

**Date:**

## 11. Application and Membership Fees

There is no application fee for Provisional Members applying for Associate Membership.

The Associate Member Annual Membership Fee will be required if your application is approved. Membership fees are prorated to the end of the fiscal year (December 1-November 30), and are listed on the OPFA website in the [Fees Schedule](#). If your application is approved you will receive an invoice for the prorated Annual Membership Fee amount.

**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 [opfa@opfa.ca](mailto:opfa@opfa.ca)** or mailed to the Ontario Professional Foresters Association, PO Box 30038, Georgetown ROP Mountainview, Ontario, L7G 6J8.

Your complete application will be considered at the next scheduled Registration Committee meeting. You can find the list of upcoming meetings and the deadline to submit materials for them in the [Application Process & Forms](#) section of the OPFA website.

**Questions?** Please contact the Registration Coordinator by phone: (905) 877-3679 or by email at: [registration.coordinator@opfa.ca](mailto:registration.coordinator@opfa.ca).

If necessary, please continue the answer to any question on this page. Be sure to include the question number that you are answering:



## DECLARATION OF GOOD CHARACTER BY APPLICANT FOR LICENSING

**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.**

1. Have you ever been charged with, found guilty of, or been convicted of a criminal offence?

Yes                      No

If yes, provide details:

2. Are you currently the subject of any criminal proceedings?

Yes                      No

If yes, provide details:

3. Has any action ever been entered against you involving fraud?

Yes                      No

If yes, provide details:

4. Are there any outstanding civil actions against you?

Yes                      No

If yes, provide details:

5. Are you currently under investigation or the subject of proceedings by any regulatory authority?

Yes                      No

If yes, provide details:

6. Have you ever been suspended, disqualified, revoked, or otherwise disciplined as a member of any regulated profession?

Yes                      No

If yes, provide details:

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

Yes                      No

If yes, provide details:

8. While attending a post-secondary institution, were you found to have engaged in academic dishonesty or misconduct?

Yes                      No

If yes, provide details:

9. Have you ever been refused admission by any regulatory body?

Yes                      No

If yes, provide details:

10. Is there any event, circumstance, or matter not disclosed above with respect to your character, conduct, competence or capacity that might affect your ability to engage in the practice of professional forestry with honest and integrity or in accordance with the law?

Yes                      No

If yes, provide details:

*Please sign the declaration on the next page.*

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

**The Declaration of Good Character must be submitted along with the application form.**

If additional space is required to answer any of the questions: