

ASSOCIATE 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)

2. Home Address

Send correspondence to: Home Business

Mailing Address: _____ Unit/Apt. #: _____

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 at 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 correspondence is sent; see Sections 2 & 3 above. The Member Directory that is accessible to the public does not contain the addresses or contact information of 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 my sponsors.

8. Sponsors

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

1. Name: _____ 2. Name: _____
- OPFA #: _____ OPFA #: _____

9. Scope of Practice

a. Please state the Scope of Practice that you are requesting to work under as an Associate R.P.F. Use a separate page at the end of this form if necessary.

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, 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 any documents attached is correct, complete and provides full disclosure. I also certify that, if granted membership, I agree to abide by the terms of the *Professional Foresters Act, 2000* and the association's Bylaw 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 amount of the prorated Annual Membership Fee.

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 should be emailed to 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 Assistant Registration Manager at office@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 provide 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 relating to professional negligence or malpractice?

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 concerning your character, conduct, competence or capacity that might affect your ability to engage in the practice of professional forestry with honesty and integrity or in accordance with the law?

Yes No

If yes, provide details:

11. Are you a Canadian citizen or otherwise lawfully permitted to work or study in Canada?

Yes No

If no, 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 _____

The Declaration of Good Character must be submitted along with the application form. Additional pages may be attached if additional space is required.