

The Regulator of Professional Foresters in Ontario

# **FULL MEMBERSHIP APPLICATION FORM**

1. Personal Information				
Name:				
Legal Last Name	<del></del>	egal First Name	Middle Name(s)	
Preferred name:		Gende	er (self-identify):	
Date of Birth:	(YYYY/MM/DD)			
OPFA Member #:	(if applicable)			
If already registered as a Profes	ssional Forester	in another Canadian	province:	
R.P.F.#: Prov	vince of Registra	tion:		
2. Home Address	Send co	rrespondence to:	Home Business	
Mailing Address:			Unit/Apt.#	
City:	Province:	F	Postal Code:	
Country:	Phone N	umber:		
Email Address:	_		<del>-</del>	
3. Business Address	(* ma	andatory section if	employed)	
I am (pick one): Employe	ed Self-em	ployed Not Cu	irrently Employed	
Job Title:			,	
Organization Name:				
Street Address:				
Mailing Address: Same as above Different:				
City:		_	Postal Code:	
Country:	Phone N			
Email Address:	_		<u> </u>	
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 <a href="https://www.opfa.ca">www.opfa.ca</a> . 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 must be sent directly from the issuing academic institution to the OPFA. Transcripts are not required for R.P.F.s who are transferring from another province.

1.					
	Institution Name	Province/State, Country			
2.	Program Name, Degree/Diploma Received	Graduation Month/Year			
۷.	Institution Name	Province/State, Country			
3.	Program Name, Degree/Diploma Received	Graduation Month/Year			
3.	Institution Name	Province/State, Country			
	Program Name, Degree/Diploma Received	Graduation Month/Year			
7. Exp	perience				
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:  Name:  OPFA #:  OPFA #:  OPFA #:  OPFA #:  OPFA directly to the OPFA office:  1. Name:  OPFA #:  OPFA					
9. Cer	tification				
I recognize that under the <i>Professional Foresters Act, 2000</i> 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 <i>Professional Foresters Act, 2000</i> and the association's Bylaw including the Code of Ethics and the Professional Standards of Practice.					
Signature of Applicant: Date:					

#### 10. Application and Membership Fees

Fees are listed in the Fees Schedule.

#### There is no application fee for Provisional Members applying for Full Membership.

The Full Member Application Fee only applies for R.P.F.s transferring from other Canadian provinces. The fee covers the processing of the application and is non-refundable. The application fee can be paid using the following methods:

- E-transfer to opfa@opfa.ca -please provide your name and type of fee in the message section
- Online through the **Special Payments** section of the website
- Call the office at (905) 877-3679 to pay by Visa or Mastercard.
- Mailing a cheque or money order to the office (address provided below) must be payable to the Ontario Professional Foresters Association

The Full 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).

**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 RPO 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 <a href="#">Application</a>
<a href="#">Process & Forms</a> section of the OPFA website.

Questions? Please contact the Assistant Registration Manager at office@opfa.ca



## 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, provid	e details:		
10	character, co	event, circumstance, or matter not disclosed nduct, competence or capacity that might aff of professional forestry with honesty and inte	fect your ability to engage in	
	If yes, provid	e details:		
11.	Are you a Car Yes If no, provide	nadian citizen or otherwise lawfully permitted  No e details:	d to work or study in Canada?	
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.				
Na	me:		Date:	
Sig	nature			

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