



ONTARIO PETROLEUM CONTRACTORS' ASSOCIATION

FORM 1 - MEMBERSHIP APPLICATION FORM

(FORM 1 & 2 MUST BE SUBMITTED FOR CONSIDERATION)

All information is required, incomplete forms will not be processed.

MEMBERSHIP TYPE (CHECK): ACTIVE - Petroleum Contractor ASSOCIATE - Petroleum Related Industry

LEGAL NAME OF BUSINESS:	
TRADE NAME (IF DIFFERENT):	
ADDRESS:	
CITY:	PROVINCE: POSTAL CODE:
TELEPHONE:	FAX:
COMPANY WEB SITE:	INCLUDE LINK ON OPCA WEB SITE? YES <input type="checkbox"/> NO <input type="checkbox"/>
PLEASE CHECK: CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/>	YEARS IN BUSINESS: _____
TSSA CONTRACTOR REGISTRATION # _____ DATE GRANTED: _____	
WORKPLACE SAFETY & INSURANCE BOARD (WSIB) # _____	
NUMBER OF EMPLOYEES: _____	NUMBER OF EMPLOYEES CERTIFIED IN:
	PMH _____ PM1 _____ PM2 _____ PM3 _____
	CATHODIC PROTECTION _____
NAME OF PRINCIPAL IN COMPANY	TITLE:
NAME OF PRINCIPAL IN COMPANY	TITLE:
NAME OF PRINCIPAL IN COMPANY	TITLE:

OFFICIAL OPCA REPRESENTATIVES

List designate and alternate, all correspondence will be sent to representatives listed below

DESIGNATE FIRST NAME:	LAST NAME:	E-MAIL:
ALTERNATE FIRST NAME:	LAST NAME:	E-MAIL:

PAYMENT INFORMATION: Membership Fee: \$1130.00 (\$1000.00 + \$130.00 HST)

- Cheque in the amount of \$ _____ enclosed. Please make cheque payable to OPCA (Reg No. 873350029)
- Membership Application enclosed Sponsorship Form enclosed
- MAIL REGISTRATION FORM AND PAYMENT TO: **ONTARIO PETROLEUM CONTRACTORS ASSOCIATION
92 CAPLAN AVE. SUITE 223, BARRIE, ONTARIO L4N 0Z7**

The undersigned has the authority to bind the Company and hereby agrees that the Company will abide by the Charter and By-laws of the Ontario Petroleum Contractors' Association.

_____	_____
Signed	Print
_____	_____
Title	Date



ONTARIO PETROLEUM CONTRACTORS' ASSOCIATION

FORM 2 SPONSORSHIP FORM

All applications for membership require sponsorship from three current members of the Ontario Petroleum Contractor's Association.

If this is not possible, applicants may apply to the Board of Directors for a one-year sponsorship, after which they must submit the required sponsorships for continued membership.

(Your corporate name)

Sponsor #1

Sponsor's corporate name

Contact

Signature

Sponsor #2

Sponsor's corporate name

Contact

Signature

Sponsor #3

Sponsor's corporate name

Contact

Signature

REQUEST FOR BOARD OF DIRECTORS' SPONSORSHIP _____ (check here)
You will be required to submit three sponsors after one year of Board sponsorship

Please forward this form along with Form 1 – Application for Membership and the membership fee, to the O.P.C.A. at the address above. Applicants are considered at Board of Directors' meetings.

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ CHQ # _____ ACCEPTED: _____

HOLD FOR: TSSA REG NO. WSIB NO. PAYMENT SPONSORS ENTERED: _____