

2012 Application for OPPI/CIP Membership

Oct 2011

Please consult the Guide to complete this form

1	I am applying for the following category of membership (refer to the definitions in the Guide): <input type="checkbox"/> Provisional <input type="checkbox"/> Public Associate <input type="checkbox"/> Reinstatement of my membership
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Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
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First name:	Middle initial:
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Last name: _____

Have you ever been a member of OPPI, CIP, or any other planning association? Yes No

If yes, state which association and indicate your years and class of membership:

OPPI CIP Other _____

Years and class of membership: _____

1A	Fill out this section if you are applying for Provisional membership
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Applicant's current title or position: _____

Applicant's Education:	Type of degree	Institution	Year of graduation
Undergraduate degree(s)	1.		
	2.		
	3.		
Post-graduate degree(s)	1.		
	2.		
	3.		

My sponsor (Full Member) is (**please print**): _____

My sponsor's e-mail address is: _____

1B	Fill out this section if you are applying for Reinstatement of your Full or Provisional membership
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Please explain why you are applying for reinstatement and provide your OPPI member ID, if applicable.
Use reverse side, if needed.

My ID # : _____ Not Applicable

1C	Refer to the Guide if you are applying for Public Associate membership
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5	Application fee: Check the box for the fee for which you are applying.	OPPI HST# R127751659
		CIP HST# R123025454
Provisional membership (includes mandatory professional liability insurance) Depending on the time of year you apply for membership, you may be eligible for a deduction. Please see page 5 of the guide for further instructions.	OPPI CIP Liability insurance fee Annual processing fee HST Total	\$253.10 \$181.90 \$ 44.00 \$148.00 \$ 81.51 \$708.51 <input type="checkbox"/>
Public Associate membership Depending on the time of year you apply for membership, you may be eligible for a deduction. Please see page 5 of the guide for further instructions.	OPPI CIP HST Total	\$253.10 \$181.90 \$ 56.55 \$491.55 <input type="checkbox"/>
Provisional member applying for reinstatement (includes mandatory professional liability insurance) Depending on the time of year you apply for membership, you may be eligible for a deduction. Please see page 5 of the guide for further instructions.	OPPI CIP Liability insurance fee Annual processing fee Reinstatement fee HST Total	\$253.10 \$181.90 \$ 44.00 \$148.00 \$250.00 \$114.01 \$991.01 <input type="checkbox"/>
Full member applying for reinstatement (includes mandatory professional liability insurance) Depending on the time of year you apply for membership, you may be eligible for a deduction. Please see page 5 of the guide for further instructions.	OPPI CIP Liability insurance fee Reinstatement fee HST Total	\$323.30 \$181.90 \$ 44.00 \$250.00 \$103.90 \$903.10 <input type="checkbox"/>
Full member (out of province) Depending on the time of year you apply for membership, you may be eligible for a deduction. Please see page 5 of the guide for further instructions	OPPI HST Total	\$323.30 \$42.03 \$365.33 <input type="checkbox"/>
You may pay by cheque, certified cheque, money order, or credit card in Canadian funds. Please make cheques and money orders payable to the Ontario Professional Planners Institute . If you would like to pay using a credit card, please provide the information below:		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX		Mail to: OPPI, 201 - 234 Eglinton Ave E, Toronto, ON M4P 1K5 Fax to: 416-483-7830
<input type="checkbox"/> Personal card <input type="checkbox"/> Employer card		
Card No: _____		Expiry date: ____/____
Signature: _____		