



# Information Sheet for Membership or Affiliation Form

**Please read all the enclosed information prior to filling out the application.**

In order to allow us to process your application, we require certain information. That information is preceded by a \* and must be completed in order for your application to be processed.

Information without a \* is beneficial for us in working with you as a member but is not required for your application to be processed.

Please refer to the enclosed for information on the appropriate fees for your category.

## **Regional Representation**

Five seats on the Board of Directors of the Association are determined by the members in the geographic regions to represent their regional interests. Please put the corresponding number for your region into the space provided. The regions are as follows:

- (1) **Thunder Bay-Sudbury Area Region**, composed of members residing in the counties of Algoma, Cochrane, Kenora, Muskoka, Nipissing, Parry Sound, Sudbury, Thunder Bay, and Timiskaming,
- (2) **Windsor-London Area Region**, composed of members residing in the counties of Bruce, Elgin, Essex, Grey, Huron, Kent, Lambton, Middlesex, and Oxford,
- (3) **Toronto Area Region**, composed of members residing in the counties of Durham, Metro Toronto, Peel, and York,
- (4) **Ottawa-Kingston Area Region**, composed of members residing in the counties of Dundas, Frontenac, Glengarry, Grenville, Haliburton, Hastings, Lanark, Leeds, Lennox & Addington, Northumberland, Ottawa-Carleton, Peterborough, Prescott & Russell, Prince Edward, Stormont, and Victoria, and
- (5) **Kitchener-Hamilton Area Region**, composed of members residing in the counties of Brant, Dufferin, Haldimand-Norfolk, Halton, Hamilton-Wentworth, Niagara, Simcoe, Waterloo, and Wellington.

## **Area of Practice**

Five seats on the Board of Directors of the Association are determined by members who work in different practice settings to address their practice issues. Please put the corresponding number for your Primary Practice Area into the space provided. If you have a Secondary Practice Area, please put its corresponding number into the space provided. Your representation on the Board of Directors is determined by your Primary Practice Area

- 1 - Health** ("Ministry of Health and Long-Term Care"-Funded employer)
- 2 - Community and Social Services** ("Ministry of Community and Social Services"-Funded employer)
- 3 - Justice** ("Ministry of Correctional Services"-Funded employer)
- 4 - Education** ("Ministry of Education"-Funded employer)
- 5 - Private/Independent Practice**

## Membership Category

1 -Member 2 -Professional Affiliate 3 -Student Affiliate 4 -Out of Province 5 - Life Member 6 - Spousal

1. Member: a) registration or temporary registration as a Psychologist under the statute of the jurisdiction where applicant practices or  
b) a Doctoral degree or equivalent and a full-time academic appointment.

**N.B. Psychologists who meet the criteria for membership as an Early Career Psychologist, defined as the time on the College register under supervised practice, plus the first three years of autonomous practice, should consult the Payment Schedule for information on membership fees For Early Career Psychologists**

2. Professional Affiliate: a) Psychological Associate or  
b) a Master of Arts/Master of Science degree in psychology or an equivalent and employment by or under the supervision of a psychologist or psychological associate or  
c) certification or licensure by a College or Board of a profession whose members work collaboratively with psychologists or psychological associates, or academics in professions that are exempt from such a requirement.
3. Student Affiliate: To become a Student Affiliate you must meet the following criteria:  
1. Registration as a full-time or part-time student in a graduate psychology program and  
2. No gainful employment in excess of 10hrs/week (Excluded is employment which constitutes part of your program requirements)
4. Out of Province: Non-Resident - Member & Professional Affiliate
5. Life Member: A retired member. Must have been a member of OPA for 25 years.
6. Spousal: Where both parties are eligible for membership

## Section Membership

Please insert the numbers into the spaces provided for the following OPA special interest sections.

### 1 - Education 2 - Independent Practice

**Are you willing to supervise candidates preparing for Registration?**

**Are you willing to be a Student Mentor?**

**Are you willing to mentor Early Career Psychologists?**

**Are you willing to be contacted by the media, students, or trainees seeking information on psychology in your area of practice?**

If you agree to any of these, you will be allowing the Association to release your name, when appropriate, to individuals on a case-by-case basis.

**Please consider whether you want to receive information from the third parties who provide OPA with membership benefit plans, or on continuing education opportunities or services/products from other organizations or companies.**

On occasion, the Association receives requests for lists of our members from third parties who

wish to advertise their products/services. Some of these are organizations with which OPA has partnered to provide benefit plans to our members. Other organizations/companies offer continuing education opportunities/services or products that would be of interest to our members.

These requests are reviewed on a case-by-case basis. When appropriate, we provide these organizations with a set of our mailing labels. Aside from these labels, they *do not* receive any electronic, or any other listing of information about our members.

While the provision of these labels is an important source of revenue generation for the association, any distribution of the list is governed, either by a formal relationship with our OPA membership benefit plan partners, or by its possible educational or practical value to our members.

If you *do not* want to have your name distributed to our benefit plan partners or other organizations that offer continuing education opportunities or other services/products then check the box on the application form indicating so.