

**Ontario Plumbing Inspectors Association Inc.**

Plumbing Professionals working for a safer Ontario since 1920



**Membership Application Form**

**PLEASE PRINT CLEARLY**

Annual Membership Fee: \$70.00 (January 1st to December 31st 2019)

Date \_\_\_\_\_

Please check appropriate designation:

**ACTIVE MEMBERSHIP**

- (a) Persons employed directly or indirectly by Municipal, Provincial and Federal governments, to enforce Plumbing regulations, administer code requirements or review Plumbing designs for issuance of permits, as required by the Ontario Building Code, and
- (b) Persons employed directly or indirectly by Provincial Education Institutes for the purpose of advancing the knowledge of Plumbing apprentices.

**ASSOCIATE MEMBERSHIP**

- (a) Persons certified by the Province in the designated trade of Plumber or Plumber Apprentice, Drain Contractors, Plumbing Contractors, Manufacturer representatives of Plumbing products, Engineers, Architects, Plumbing Technologists, and Technicians and representatives of Testing Agencies that test and certify plumbing products, and
- (b) Persons interested in the aims and objectives of the Association.

**RETIRED ACTIVE/ASSOCIATE or APPRENTICE PLUMBER MEMBERSHIP**

- (a) Any retired Active or retired Associate Member may continue to be a member of OPIA for a Membership Fee of half the annual rate established by the Executive. Apprentice's may also become a member of OPIA for a reduced membership of half the annual rate (Full membership fee applies on issuance of C of Q)

Applicant's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**INDICATE MAILING ADDRESS TO BE USED:**  Home  Employer

**Payment Type:**  **Cheque (Payable to Ontario Plumbing Inspectors Assc)**

**Visa**  **MasterCard**  **Discover**

**Name on Card:** \_\_\_\_\_ **Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_/\_\_\_\_ **CVD #** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Send Membership to: OPIA,  
c/o Ursula Wengler, Treasurer  
22 Dalegrove Cres  
Etobicoke, ON, M9B 6A7**