

Ontario Plumbing Inspectors Association Inc.

Plumbing Professionals working for a safer
Ontario since 1920



Membership Application Form 2025

PLEASE PRINT CLEARLY

Annual Membership Fee: **\$90.00**

Date _____

1st time membership for new members*: **\$81.00** (10% discount for your first year)

*Discount applies to new members who have not had a membership with OPIA previously

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

Applicant's Name _____
Last First

Address _____

City _____ Province _____ Postal Code _____

Telephone (____) _____ Email (required) _____

Occupation _____

Employer's Name _____ Address _____

City _____ Province _____ Postal Code _____

Telephone (____) _____ Email (required) _____

INDICATE MAILING ADDRESS TO BE USED: Home Employer

Payment Type: **Cheque** (Payable to: Ontario Plumbing Inspectors Association Inc.)

Visa **MasterCard** **Discover**

Name on Card: _____ **Card Number:** _____

Expiry Date: ____/____ **CVD#** _____ **Signature:** _____

Email Address for receipt: _____

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