



THE ONTARIO PLUMBING INSPECTORS ASSOCIATION SPONSORS
ORGANIZATION (O.P.I.A.S.O.)

2025 Membership Renewal

Company Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Title: _____

Type of Business:

- Manufacturer Manufacturer's Agent
 Wholesale Distributor Master Distributor
 Associate (Related Services/Product)

Annual Membership Fee is \$400 (No HST)

Note: Membership fee to be paid in full before March 31, 2025

This Includes Associate Membership in the OPIA which also includes receiving the Quarterly OPIA Bulletin. Payments made after March 31, 2025 will be \$430.

Payment Type: Cheque Visa Mastercard
(Cheques payable to: Ontario Plumbing Inspectors Association)

Name on Card: _____

Card Number: _____

Expiry Date: _____ CVD # _____

Signature : _____

Email address for receipt: _____

Send Completed Registration to: registrar@opia.info

Ursula Wengler

22 Dalegrove Cres. Etobicoke M9B 6A7