

# NON-PRACTISING ASSOCIATE RENEWAL FORM 2019

I wish to renew     I do not wish to renew

-----  
FIRST NAME
LAST NAME
DATE OF BIRTH M/D/Y (mandatory)

**Please indicate which category you belong to.**

- Retired P/VPs who are former Practising Associates or CPCO Members
- Current and retired Catholic Supervisory Officers and Directors, who are former Practising Associates of a local Principals/Vice-Principals' Association
- Aspiring leaders in Catholic school boards, who are enrolled in or who have completed a Principal's Qualification Program
- Managers or non-unionized employees working in Catholic school boards, who are not former members of a local Principals/Vice-Principals' Association

**I consent to receiving electronic communications from CPCO that include legal updates, news, publications, invitations to programs and events, and vendor discounts and promotions.**

**HOME INFORMATION**

Address -----  
 City ----- Province ----- Postal code -----  
 Phone ----- Email -----

**BOARD/BUSINESS INFORMATION**

Board name ----- Board Id # -----  
 Elementary     Secondary  
 Name -----  
 Address -----  
 City ----- Province ----- Postal code -----  
 Phone ----- Fax ----- Email -----

CPCO Non-Practising Associate fees for the period Jan. 1, 2019 to Dec. 31, 2019 are **\$131.50**. Fees are pro-rated at \$10.96 per month based on date of the month you join. If you join between the 1 – 5<sup>th</sup> of the month, fees will be pro-rated from the first day of the month you join e.g. if you join March 11 fees will be paid March 1 to Dec. 31. Members registering between the 16<sup>th</sup> and last day of the month, fees will be pro-rated from the first day of the following month i.e. if you join March 20, fees will be payable for the period April 1 to Dec. 31.

**Please note that in order to continue with benefit programs offered through Johnson Inc. (e.g. Life insurance) you must be a Non-Practising Associate.**

**PAYMENT OPTIONS (CIRCLE ONE)**

**Please be advised that applications received with payment only will be processed.**

1. Cheque made payable to **Catholic Principals' Council Ontario** in the amount of \$ -----

2. Credit cards: **VISA or MasterCard ONLY**

Visa \$ ----- MasterCard \$ ----- Card # ----- Exp. date -----

3-digit security # ----- Name on card ----- Signature -----

For inquiries, please contact **Gaby Aloï** at 1.888.621.9190 ext. 26 or e-mail [galoi@cpco.on.ca](mailto:galoi@cpco.on.ca). Please return this form along with payment to:  
 Catholic Principals' Council | Ontario  
 Box 2325, Suite 3030, 2300 Yonge Street  
 Toronto, ON M4P 1E4  
 Attn. Gaby Aloï

**OFFICE USE ONLY**  
 CPCO Associate#: -----