



ONTARIO Approved Professionals Program

A Division of CDN Approved Professionals Program Inc.

224 King St.W. PO Box 575, Brockville, ON, K6V 5V7

Tel: 613-865-8999

www.ONTApproved.ca

membership@ONTApproved.ca

Corporate: dave@ONTApproved.ca

Expedited Renewal Application:

This is an **Expedited Renewal Form** with the **Ontario Approved Professionals Inc.** program by using this form, all undersigning individuals will be held accountable for false or incomplete information.

Please ensure you read this form and confirm all details as applicable.

Your Renewal with the **Ontario Approved Professionals Inc.** program will be considered "pending" until the following criteria has been supplied in complete form and validation process has been completed.

Renewal of Section 1a - Company Information & Division Selection

****Complete in Full**

Upon review of your Original Application as provided by membership services, it is the Primary Applicants responsibility to review and confirm and list all updates and changes as applicable.

- WE HAVE NO CHANGES** to Section 1a from the Original Application and Information provided.
- WE HAVE UPDATES & CHANGES** to Section 1a from the Original Application, as follows;

Business Category / Business Type	
Type of services offered by company:	
Company Name:	
Registered Owner:	<i>Title:</i>
Company Email:	
Company Website:	
Company Phone:	<i>Office:</i> <i>Other:</i>
Company Mailing Address:	<i>Civic:</i> <i>City:</i> <i>Prov.</i> <i>Postal:</i>
Was your Renewal via a Recruiter?	<input type="radio"/> Yes or <input type="radio"/> No <i>If Yes, who was your Recruiter?</i>
Facebook Link/ID:	
Instagram Link/ID:	
LinkedIn Link/ID:	
Other Link/ID:	

Renewal of Section 1b – Program & Division Selection

****Complete in Full**

Membership Level Selection:	<input type="radio"/> Provincial Base Membership <i>*includes Three Active Divisions (Select Three)</i> <input type="radio"/> Divisional Base Membership <i>*includes One Active Division (Select One)</i> <input type="radio"/> Division: Stormont, Dundas, Glengarry <input type="radio"/> Division: Leeds & Grenville <input type="radio"/> Division: Kingston, South Frontenac <input type="radio"/> Division: Ottawa, Orleans, Nepean <input type="radio"/> Division: Lanark, Frontenac, Lennox, Addington <input type="radio"/> Division: Prince Edward, Hastings <input type="radio"/> Division: Northumberland, Quinte, Peterborough <input type="radio"/> Division: Loyalist Napanee Belleville
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- Renewal of Section 2 – Integrity & Public Accountability *Not Applicable for Renewal Applications
- Renewal of Section 3 – Company Details & Specifics *Not Applicable for Renewal Applications
- Renewal of Section 4 – Client References *Not Applicable for Renewal Applications
- Renewal of Section 5 – Company/Professional References *Not Applicable for Renewal Applications

Primary Applicant - Professional #01

Section 6.1a – Professional Contact Information *Complete in Full **as applicable to primary applicant*

<p>Upon review of your Original Application, it is the Primary Applicants responsibility to review and confirm and list all updates and changes as applicable.</p> <p><input type="checkbox"/> WE HAVE NO CHANGES to Section 6.1 from the Original Application and Information provided.</p> <p><input type="checkbox"/> WE HAVE UPDATES & CHANGES to Section 6.1 from the Original Application, as follows;</p>	
Applicant Name:	
Applicant Phone:	Office: _____ Other: _____
Applicant Email:	
Applicant Business Mailing Address: <i>if different from company mailing</i>	Civic: _____ City: _____ Prov. _____ Postal: _____
Year in this Profession:	
Which Division(s) will this applicant be applying to be represented within?	<input type="radio"/> Provincial Base Membership <i>*includes Three Active Divisions (Select Three)</i> <input type="radio"/> Divisional Base Membership <i>*includes One Active Division (Select One)</i> <input type="radio"/> Division: Stormont, Dundas, Glengarry <input type="radio"/> Division: Leeds & Grenville <input type="radio"/> Division: Kingston, South Frontenac <input type="radio"/> Division: Ottawa, Orleans, Nepean <input type="radio"/> Division: Lanark, Frontenac, Lennox, Addington <input type="radio"/> Division: Prince Edward, Hastings <input type="radio"/> Division: Northumberland, Quinte, Peterborough <input type="radio"/> Division: Loyalist Napanee Belleville

Section 6b – Insurance Information *as applicable to primary applicant / professional

Proof of Insurance	Type of insurance: _____
<input type="checkbox"/> Hard copy provided.	Provider: _____ Phone: (____) ____ - _____
<input type="checkbox"/> Digital submitted.	Policy ID: _____ Renewal Date: _____
Do you have additional insurance or coverages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Required	
If Yes please explain & provide details: _____	
WSIB :	Are you required to have WSIB? <input type="radio"/> Yes <input type="radio"/> Not Required <input type="radio"/> Unsure
	WSIB number/clearance ID: _____

Section 6c – Accreditations / Education *as applicable to primary applicant / professional

Item 6c-01	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____
<input type="checkbox"/> Hard copy provided.	Type: _____ Reference ID: _____
<input type="checkbox"/> Digital submitted.	Institution/Authority: _____

Add-On Applicant - Professional # _____

Spare Sheet for add-on

Section 6.2a – Professional Contact Information

***as applicable to additional applicant*

Applicant Name:	Title:	
Applicant Phone:	Office:	Other:
Applicant Email:		
Applicant Business Mailing Address:	Civic: Prov.	City: Postal:
Year in this Profession:		
Which Division(s) will this applicant be applying to be represented within?	<input type="radio"/> Provincial Base Membership <i>*includes Three Active Divisions (Select Three)</i> <input type="radio"/> Divisional Base Membership <i>*includes One Active Division (Select One)</i> <input type="radio"/> Division: Stormont, Dundas, Glengarry <input type="radio"/> Division: Leeds & Grenville <input type="radio"/> Division: Kingston, South Frontenac <input type="radio"/> Division: Ottawa, Orleans, Nepean <input type="radio"/> Division: Lanark, Frontenac, Lennox, Addington <input type="radio"/> Division: Prince Edward, Hastings <input type="radio"/> Division: Northumberland, Quinte, Peterborough <input type="radio"/> Division: Loyalist Napanee Belleville	

Marketing & Supporting Information

**provide the following in High Resolution JPG/PDF as available*

- Company Logo**
 Professional Head Shot
 Photo of Office / Store Front

Item 6c-01	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____
<input type="checkbox"/> <i>Hard copy provided.</i>	Type: _____ Reference ID: _____
<input type="checkbox"/> <i>Digital submitted.</i>	Institution/Authority: _____

Add-On Applicant - Professional # _____

Spare Sheet for add-on

Section 6.2a – Professional Contact Information

***as applicable to additional applicant*

Applicant Name:	Title:	
Applicant Phone:	Office:	Other:
Applicant Email:		
Applicant Business Mailing Address:	Civic: Prov.	City: Postal:
Year in this Profession:		
Which Division(s) will this applicant be applying to be represented within?	<input type="radio"/> Provincial Base Membership <i>*includes Three Active Divisions (Select Three)</i> <input type="radio"/> Divisional Base Membership <i>*includes One Active Division (Select One)</i> <input type="radio"/> Division: Stormont, Dundas, Glengarry <input type="radio"/> Division: Leeds & Grenville <input type="radio"/> Division: Kingston, South Frontenac <input type="radio"/> Division: Ottawa, Orleans, Nepean <input type="radio"/> Division: Lanark, Frontenac, Lennox, Addington <input type="radio"/> Division: Prince Edward, Hastings <input type="radio"/> Division: Northumberland, Quinte, Peterborough <input type="radio"/> Division: Loyalist Napanee Belleville	

Marketing & Supporting Information

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Item 6c-01	<input type="radio"/> Accreditation <input type="radio"/> Education <input type="radio"/> Other, _____
<input type="checkbox"/> <i>Hard copy provided.</i>	Type: _____ Reference ID: _____
<input type="checkbox"/> <i>Digital submitted.</i>	Institution/Authority: _____

Renewal of Section 7 – Code of Conduct Agreement

***Must be Signed**

As an Approved Member of the **Approved Professionals Program**, I/We have read the following **Code of Conduct**. I/We agree to follow and adhere to the best of my/our abilities. This Code of Conduct for all members of the program shall apply while serving the public as a professional.

- Service the clients with courtesy & respect.
- Maintain a clean, safe workplace.
- Present yourself in a tidy, clean & professional manner.
- Provide written quotes/estimates that are honest, accurate and accountable.
- Communicate project status with client on regular basis and upon modification.
- Complete work to an acceptable professional industry standard.
- Ensure all employees are trained to complete tasks assigned and to ensure a safe working environment.
- Maintain proper insurance and comply with all relevant regulations.
- Comply with all municipal by-laws and regulations.
- Encourage use of the Approved Professionals Program & network.

Renewal of Section 8 – Revocation of Rights

I/We understand that failure to adhere to the **Code of Conduct** and/or **Program Guidelines** of the **Approved Professionals Program** will result in revocation / removal of membership.

I/We understand that if for any reason the applicant(s) Approved Professional certification is revoked or cancelled, the applicant(s) has 15 days to cease and desist on all usage of the Approved Professionals logos, affiliations, and services. Failure to do so will result in possible legal action.

Renewal of Section 9 – Sworn Declaration

I (Primary Applicant), solemnly declare that all the information and statements contained in this application are true and complete. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Renewal of Section 10 – Company Profile Information ***Not Applicable for Renewal Applications**

Renewal of Section 11 – Consent to Email for Anti-Spam Compliance

As per the Canadian Anti-Spam Legislation, I give my consent to the Ontario Approved Professionals Program to communicate with me electronically. I understand that my consent may be withdrawn at any time by emailing the Ontario Approved Professionals Program.

- The Undersigned is agreeing & confirming all details for Section 7, Section 8, Section 9 and Section 11.**
- The Undersigned is also confirming that as per their original Application, all credentials & professionals requirements to conduct business are in good standing and active status.**

X _____.

Signature – Primary Applicant

_____.

Date

MUST be signed and initialed to be considered a complete application.

MEMBERSHIP TIERS & FEES

APPROVED PROFESSIONALS



MEMBERSHIP	DIVISIONAL \$350 /year or \$35 /month	PROVINCIAL \$500 /year or \$50 /month	INDIVIDUAL \$475 /year or \$45 /month	+ADD DIVISION \$250 /year or \$25 /month	+ADD-ON MEM \$125 /year or \$15 /month	INDIVIDUAL \$800 /year or \$75 /month	+ADD DIVISION \$250 /year or \$25 /month	+ADD-ON MEM \$180 /year or \$18 /month	INDIVIDUAL \$ /year or \$ /month	CORPORATE \$ /year or \$ /month
MEMBERSHIP										
Base Membership	X	X	X	-	-	X	-	-	PENDING	
Number of Divisions	1	3	1	+1 *Max +2	1	3	+1 *No Limit	1	OFFICIAL	
Cost Plus Add-On to Base Membership	-	-	-	X	X	-	X	X	LAUNCH	
Membership Dashboard Access	X	X	X	n/a	X	X	n/a	X		
Eligible for Program Advisory Elections	-	-	X	n/a	-	X	n/a	X		
MARKETING & ADVERTISING										
Website Approved Professionals Listing	X	X	X	X	X	X	X	X		
Website Public Search Engine	X	X	X	X	X	X	X	X		
Mobile App Listing	*	*	*	*	*	*	*	*		
Social Media Ads - Monthly Program	X	X	X	X	X	X	X	X		
Social Media Shout-Outs & Highlights	-	-	-	-	-	X	X	X		
Social Media Referrals / Mentions	-	-	-	-	-	X	X	X		
Social Media Group Access & Posting	X	X	X	X	X	X	X	X		
Social Media Member Highlight Posting	-	-	-	-	X	X	X	X		
Welcome & Renewal Announcements	X	X	X	X	X	X	X	X		
Membership Decals / Stickers	X	X	X	X	X	X	X	X		
Membership Plaque	-	-	X	-	-	X	X	X		
Discount & Deals Social Media Posting	-	-	-	-	-	X	X	X		
Online Event Calendar Posting	-	-	-	-	-	X	X	X		
BUSINESS DEVELOPMENT & RESOURCES										
Email Marketing / E-Blast to Membership	-	X	-	-	-	X	X	X		
Job Posting / Listing	-	X	-	-	-	X	X	X		
Newsletter Access	X	X	X	X	X	X	X	X		
Ability to provide Article / Ads for Newsletter	-	-	-	-	-	X	X	X		
Access to Free Podcast Guest Booking	X	X	X	X	X	X	X	X		
Current Membership Listing Access	-	-	-	-	-	X	X	X		
ADVOCACY										
Municipal Support & Representation	X	X	X	X	X	X	X	X		
Access to Executive for Round-table	-	X	-	-	-	X	X	X		
Advocacy Support Letters / Data / Reports	-	X	-	-	-	X	X	X		
EVENTS										
Exclusive Membership Pricing	X	X	X	X	X	X	X	X		
Event Hosting	-	X	X	X	X	X	X	X		
Event Hosting with Catering Allowance	-	-	-	-	-	X	X	X		
SAVING PROGRAMS & DISCOUNTS										
Perkopolis App	X	X	X	X	X	X	X	X		
CPOS	X	X	X	X	X	X	X	X		
Rogers Canada	X	X	X	X	X	X	X	X		
Approved Professionals Group Plan	X	X	X	X	X	X	X	X		
Member to Member Discounts / Savings	X	X	X	X	X	X	X	X		

X - Denotes included feature / item
- - Denotes not included
***Max** - Denotes item limitation
n/a - Denotes not applicable
***** - Denotes pending / future item

Renewal of Section 12 – Membership and Payment Information

***Please Select Level of Membership**

Provincial Membership: \$800/year **or** \$75/month +HST \$ _____

- i) Application for the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws.
 iii) Membership shall include selection of Three (3) active divisions within the Ontario Program Mapping.
 iv) Membership Rate for One (1) Professional / Person. Additional Add-On Members not included (see below)

Provincial Base Membership *includes **Three Active Divisions** (Select Three)

- Division:** Stormont, Dundas, Glengarry **Division:** Leeds & Grenville
 Division: Kingston, South Frontenac **Division:** Ottawa, Orleans, Nepean
 Division: Lanark, Frontenac, Lennox, Addington **Division:** Prince Edward, Hastings
 Division: Northumberland, Quinte, Peterborough **Division:** Loyalist Napanee Belleville

Provincial Add Division: \$250/year **or** \$25/month +HST # _____ \$ _____

- i) Application for the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws.
 iii) Membership Add Division Rate per One (1) Additional Division Selection.

- Division:** Stormont, Dundas, Glengarry **Division:** Leeds & Grenville
 Division: Kingston, South Frontenac **Division:** Ottawa, Orleans, Nepean
 Division: Lanark, Frontenac, Lennox, Addington **Division:** Prince Edward, Hastings
 Division: Northumberland, Quinte, Peterborough **Division:** Loyalist Napanee Belleville

Provincial Add-On Member: \$180/year **or** \$18/month +HST # _____ \$ _____

- i) Application for the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws.
 iii) Membership Add-On Member Rate per One (1) Additional Member / Professional.

Divisional Membership: \$475/year **or** \$45/month +HST \$ _____

- i) Application for One (1) Division within the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws. iii) Membership shall be limited to the selection of One (1) active division within the Ontario Program Mapping. iv) Membership Rate for One (1) Professional / Person. Additional Add-On Members not included (see below)

***Not Applicable if Provincial Selected**

Divisional Base Membership *includes **One Active Division** (Select One)

- Division:** Stormont, Dundas, Glengarry **Division:** Leeds & Grenville
 Division: Kingston, South Frontenac **Division:** Ottawa, Orleans, Nepean
 Division: Lanark, Frontenac, Lennox, Addington **Division:** Prince Edward, Hastings
 Division: Northumberland, Quinte, Peterborough **Division:** Loyalist Napanee Belleville

Divisional Add Division: \$250/year **or** \$25/month +HST # _____ \$ _____

- i) Application for the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws.
 iii) Membership Add Division Rate per One (1) Additional Division Selection.

- Division:** Stormont, Dundas, Glengarry **Division:** Leeds & Grenville
 Division: Kingston, South Frontenac **Division:** Ottawa, Orleans, Nepean
 Division: Lanark, Frontenac, Lennox, Addington **Division:** Prince Edward, Hastings
 Division: Northumberland, Quinte, Peterborough **Division:** Loyalist Napanee Belleville

Divisional Add-On Member: \$125/year **or** \$15/month +HST # _____ \$ _____

- i) Application for the Province of Ontario. ii) One (1) Year term agreement and per applicable program by-laws.
 iii) Membership Add-On Member Rate per One (1) Additional Member / Professional.

Sub-total [A] Membership Level \$ _____ **Rate** *Including Tax _____ *Term

Sub-total [B] Additional Divisions \$ _____ **Rate** *Including Tax _____ *Term

Sub-total [C] Add-on Members \$ _____ **Rate** *Including Tax _____ *Term

Credit Card Subscription **Annual Direct Payment**

Grand Total \$ _____ *Including Tax

Membership shall not be activated or deemed complete until all fees have been paid in full.

Terms of Payment, Late Fees and Termination of Membership shall be as per the Program By-Laws.

Renewal of Section 13 – Membership Application Review and Approval

Membership Approval Criteria:

- Application accurate, legible and substantially complete.
- Proof and copies of all professional licenses, insurances, certifications provided.
- Membership fees paid in full.
- Membership Director has reviewed and signed.
- President and/or Vice-President has reviewed and signed.

This Application as submitted by the primary applicant will be under review by our Membership Review Committee, a confidential review panel comprised of Executive Directors as per the program guidelines and by-laws.

The Membership Review process takes between 3-10 business days. Once the review is complete, the Membership Director will contact the primary applicant with the final decision.

Membership / Recruitment Recommendations:

_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE

[Recruiter Name]

Supporting Comments: _____

Recruiter Signature: _____ Dated: _____

Executive Directors Recommendations:

_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE
_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE
_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE
_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE
_____ APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION NO RESPONSE

President and/or Vice-President Review & Decision:

APPROVE NOT ABLE TO APPROVE INCOMPLETE APPLICATION

Notes / Comments: _____

Authorized Signature: _____ Dated: _____

Membership Month:

- January February March April
- May June July August
- September October November December

UNDER REGULATION OF THE ONTARIO APPROVED PROFESSIONALS PROGRAM

A Division of CDN Approved Professionals Program Inc.



**Local, Vetted & Trusted
PROFESSIONALS**

