

The Ontario Personal Support Worker Association
Registration Form

Personal Support Worker Student Membership



**SECTION FOUR -
AUTHORIZATION**

DECLARATION:

By signing this form I acknowledge that I have read and understood the requirements for membership with The Ontario Personal Support Worker Association, and that I will abide by OPSWA's Code of Ethics for the duration of my membership.

Please check one:

I hereby give OPSWA my consent to share my personal information with OPSWA Corporate Members for the purpose of employment recruitment

I do not want my personal information shared with OPSWA Corporate Members at this time

OPSWA respects your privacy. We will not share your personal information with third parties without your consent. For a more detailed explanation please review OPSWA's privacy policy online at www.opswa.ca

By checking, this box in lieu of a signature, I agree that I have read and understand the terms of membership with OPSWA and the Association's right to deny/revoke membership for failure to fulfill these terms.

_____/_____/_____
DD MM YYYY

**SECTION FIVE -
DOCUMENTS CHECKLIST:**

REQUIRED DOCUMENTS

Proof of PSW Course Enrolment

Identification
(2 pcs, 1 photo; copied front & back)

Membership Dues Payment