



2017 MEMBER RENEWAL FORM

Please complete ALL of the fields

Last Name:		First Name:		Middle Initial:
Date of Birth (DD/MM/YYYY):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address (Number, Street, PO Box, RR or Suite Number):				
City:		Province:	Postal Code:	
Work Phone Number:			Mobile Phone Number:	
Email Address (all communication from EOCP will be sent to this address):				Is this your work or personal email address? <input type="checkbox"/> Work <input type="checkbox"/> Personal
Are you a member of a First Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Band Number:		
		Employer Name:		

CERTIFICATE AND FACILITY UPDATE

Please complete ALL of the fields

List the names of the facilities/systems you currently work in, or facilities/systems related to the certification you are applying for. **Note:** If the facility/system you work in is not yet classified, contact the EOCP office for information on having it classified. You can look up facility/system numbers in the EOCP database: <http://www.search.eocp.ca/searchfacilities.html>. If there are not enough lines below, please use the back of this form.

Certificate Type:	Fac. Number:	Facility Name:	Start Date: DD/MM/YY
Certificate Type:	Fac. Number:	Facility Name:	Start Date: DD/MM/YY
Certificate Type:	Fac. Number:	Facility Name:	Start Date: DD/MM/YY
Certificate Type:	Fac. Number:	Facility Name:	Start Date: DD/MM/YY

FEES

For the year ending December 31, 2017	Circle fees that apply	Dues Calculation Examples:	
For Certificates that include one of more of: WT, WD, WWC, MWWT, IWWT	\$70.00	1) Operator Certified as WD-I & WT-OIT	\$70.00
For Certificates held that ONLY include: SWS, SWWS, or BWD	\$60.00	2) Operator Certified as SWS	\$60.00
Late Fee (after March 31, 2017)	\$10.00	3) Operator Certified as WT-II & SWS	\$70.00
<i>Dues for Previous Years</i>		<i>Plus Late Fees, Reinstatement Fees & Tax</i>	
2016	Level OIT - IV SWS, SWWS, BWD	\$80.00	\$70.00
2015	Level OIT - IV SWS, SWWS, BWD	\$80.00	\$70.00
2014	Level OIT - IV SWS, SWWS, BWD	\$80.00	\$70.00
Subtotal		EOCP OFFICE USE ONLY:	
(#89383 7971 RT0001) GST (5%)		Date Received by Office:	
Total		Payment Approval Code:	

Please send your completed form to eocp@eocp.ca or Fax to (604)-874-4794 OR Mail completed form and cheque or money order to the EOCP Office.

If you or your Employer wish to pay with a Visa or MasterCard, please go to www.search.eocp.ca and complete your 2017 Renewal Online.

If you require any assistance with this form, please contact the EOCP office.