

OOA / OAC MEMBERSHIP APPLICATION

**fields are mandatory*

*Name: _____ *Reg# _____

*Email: _____

Prefer to have mail sent to:

Home Business

Home Address:

Street _____

Suite _____ City _____

Province _____ PC _____

Home Phone () _____ Fax () _____

Business Address:

Business Name _____

Street _____

Unit _____ City _____

Province _____ PC _____

Bus Phone () _____ Bus Fax () _____

Presently dispensing:

Full Time Part Time

What do you dispense?

Eyeglasses Contact Lenses

LVAs Safety Glasses

Cell () _____

*DUAL ASSOCIATION MEMBERSHIP FEES:

<input type="checkbox"/> Dispensing Optician	\$160.00	Membership Amount	\$ _____
<input type="checkbox"/> Optical Industry Affiliate (Non-Dispensing)	\$160.00	HST on Membership (13%)	\$ _____
<input type="checkbox"/> Student, Second Year or More (S G N)	\$25.00	Insurance (\$75 or \$90)	\$ _____
<input type="checkbox"/> Student, First Year (S G N)	Free	PST on Insurance (8%)	\$ _____
<input type="checkbox"/> Professional Liability Insurance \$3 million	\$75.00	Spectrum Magazine	\$ _____
<input type="checkbox"/> Professional Liability Insurance \$5 million	\$90.00		
<input type="checkbox"/> Contact Lens Spectrum Magazine Subscription	\$50.00	Total	\$ _____

*PAYMENT OPTIONS:

1) Cheque enclosed or 2) Credit Card: MasterCard VISA

Credit Card # _____ Expiry Date _____

Cardholder Name _____ Signature _____

PERSONAL INVOLVEMENT IN YOUR PROFESSION:

- 1) Have you ever given a seminar, lecture, workshop, written an article? _____
- 2) Have you ever been involved in the working of the Association, on the Executive or Committee level? _____
- 3) Would you be interested in resuming or starting to get involved? _____
- 4) Do you want to know more about it in terms of time and work involved? _____ We have several project committees which you can get involved in – only a few hours per month of your time is required via telephone conference meetings.

SPECIALTIES (please list)

DECLARATION: “ By submitting this application the applicant declares that (s)he will support the Ontario Opticians Association & Opticians Association of Canada objects and goals.”

*Signature _____ *Date _____

Ontario Opticians Association

P.O. Box #23518

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