

2019 Pro-Rated Membership Form

APPLICANT INFORMATION:

First Name _____ Last Name _____ License / Student # _____ Province _____

Email Address _____

HOME ADDRESS: Check here if you wish for your home address to be your primary address on file at the OAC & OOA.

Street Address _____ Postal Code _____

City & Province _____ Home Phone # _____ Cell Phone # _____

BUSINESS ADDRESS: Check here if you wish for your business address to be your primary address on file at the OAC & OOA.

Business/Company Name _____

Business Address _____ Postal Code _____

City & Province _____ Phone # _____ Ext. _____ Fax # _____

COMMUNICATION PREFERENCES: English French

I would like to receive the OAC & OOA e-newsletters, OAC & OOA event updates and important emails about the field of Opticianry.

I would like to receive information from the OAC & OOA on behalf of industry partners

2019 OAC/OOA MEMBERSHIP (check all that apply)

OAC/OOA MEMBERSHIP (runs to December 31, 2019) 105.00 \$ \$ _____

Professional Liability Insurance (1,000,000) - INCLUDED

If you are employed by Loblaw Optical, your company will reimburse you for your OAC membership fees

HST 13 % \$ 13.65

Professional Liability Insurance Upgrade (optional):

3,000,000 PLI 26.00 \$ \$ _____

5,000,000 PLI 51.00 \$ \$ _____

STUDENT* MEMBERSHIP FREE

**NON-licensed individuals enrolled in an accredited Optical Program in the current academic year*

International Opticians Association (IOA) Membership FREE

Membership with the IOA will provide you with the ability to network with Opticians worldwide, access to global information on trends and best practices, access to quarterly e-newsletters, professional education and more

TOTAL \$ _____

METHOD OF PAYMENT: (check one) Cheque Money Order VISA Mastercard AMEX

Credit Card Number _____ Expiry Date _____ CVC(3) _____

Name of Credit Card Holder _____

I authorize the OAC to charge my credit card in the above amount. **Signature of Card Holder** _____

CHEQUES & MONEY ORDERS MUST BE MADE PAYABLE TO "OPTICIANS ASSOCIATION OF CANADA" AND SENT IN WITH THIS REGISTRATION FORM.

Go to www.opticians.ca for the full list of member benefits

*By submitting this application, the applicant declares that (s)he will support the OAC, it's objectives & goals.
The OAC observes all regulations set out by PIPEDA and relevant Provincial regulations. The OAC respects your privacy.
We do not share your personal information for commercial purposes.*

Opticians Association of Canada

2706-83 Garry St, Winnipeg, MB R3C4J9

Ph: 1-800-847-3155 (1-204-982-6060) | Fax: 1-204-947-2519 | Email: canada@opticians.ca | Website: opticians.ca