

# Opticians Association of Canada

## 2022 MEMBERSHIP FORM

### OPTICIANS & STUDENTS

#### APPLICANT INFORMATION:

\* mandatory field

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ | Language:  English  French

Email Address\* \_\_\_\_\_ Cell Phone # \_\_\_\_\_

HOME  WORK ADDRESS: The address indicated below will be your primary address on file at the OOA/OAC.

Business/Company Name (If Applicable) \_\_\_\_\_  Independent  Chain  Optometrist Office

Street Address\* \_\_\_\_\_ City & Province\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

#### I am a/an \*

#### COMMUNICATION PREFERENCES:

- I would like to receive the OOA/OAC e-newsletters and emails about the field of Opticianry.
- I would like to receive the OOA/OAC event and webcast updates.
- I would like to receive information from the OOA/OAC on behalf of industry partners.

Optician

License #\* \_\_\_\_\_

Province\* \_\_\_\_\_

Graduated Student | Registered Student | Intern

Registration # \_\_\_\_\_ Student # \_\_\_\_\_

Province\* \_\_\_\_\_ School \_\_\_\_\_

>> Please note that once you have applied for your license with the College that you are required to contact the OAC to update us on your **Opticians License Number**.

### 2022 OOA/OAC MEMBERSHIPS (runs to December 31, 2022- check all that apply)

ON - Professional Liability Insurance (1,000,000) - INCLUDED	\$145.00 + 13% HST (\$18.85)	\$163.85	<input type="checkbox"/>
ON LOBLAW* & BONLOOK - Professional Liability Insurance (1,000,000) - INCLUDED	\$131.19 + 13% HST (\$17.05)	\$148.24	<input type="checkbox"/>
<i>*Loblaw Optical reimburses submitted OAC membership fees.</i>			
<b>Professional Liability Insurance Upgrade (optional):</b>			
3,000,000 PLI		\$26.00	<input type="checkbox"/>
5,000,000 PLI		\$51.00	<input type="checkbox"/>
<b>International Opticians Association (IOA) Membership</b>		FREE	<input type="checkbox"/>
<i>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</i>			

**TOTAL** \$ \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

CVC (3 digit) AMEX (4 digit) \_\_\_\_\_ 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 "ONTARIO OPTICIANS ASSOCIATION" AND SENT IN WITH THIS REGISTRATION FORM\*

Ontario Opticians Association, 110 St. James St. Suite 409, St. Catharines, ON L2R 7E8  
Ph. 1-833-OUR-EYES (1-647-277-9084) Email. info@ontario-opticians.com

Go to [www.ontario-opticians.com](http://www.ontario-opticians.com) or [www.opticians.ca](http://www.opticians.ca) for the full list of member benefits.

By submitting this application, the applicant declares that (s)he will support the OOA/OAC, its objectives & goals. The OOA/OAC observes all regulations set out by PIPEDA and relevant Provincial regulations.