



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 #* _____

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.

I am a/an *

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"/>
			<input type="checkbox"/>
Professional Liability Insurance Upgrade (optional):			
3,000,000 PLI		\$26.00	<input type="checkbox"/>
5,000,000 PLI		\$51.00	<input type="checkbox"/>
International Opticians Association (IOA) Membership <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>		FREE	<input type="checkbox"/>

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 or 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.