



Opticians Association of Canada / Ontario Opticians Association



2019 Loblaw Membership Form

Send completed form by FAX, MAIL OR EMAIL: Fax. 1-204-947-2519 Email. memberservices@opticians.ca
Opticians Association of Canada, 2706-83 Garry St, Winnipeg, MB, R3C 4J9 Ph: 1-800-847-3155

APPLICANT INFORMATION:

Name of Applicant (First Name, Last Name) _____

License # or Student # _____ Province of Licensure or School _____

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 # _____

Email Address* _____

** The OAC & OOA are reducing the amount of paper being used in our offices. The primary method of communication used is email, so please provide a valid email address. A valid email is also required to be able to take advantage of the free CE tokens provided with membership.*

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 _____ Postal Code _____

Business Address _____ City & Province _____

Business Phone Number _____ Ext. _____ Business Fax Number _____

COMMUNICATION PREFERENCES: *These preferences are for communications sent directly from the OAC & OOA. The OAC & OOA respect your privacy. We do not sell your personal information or share your personal information for commercial purposes.

Language of Preference: (check one)

English French

Please check: Yes, I would like to receive the OAC & OOA e-newsletters and important emails about the field of Opticianry.

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

MEMBERSHIP FEES: (check all that apply)

OAC/OOA Annual Membership* (to Dec. 31, 2019) \$ 125.00

Plus 13% HST \$ 16.25

CL Spectrum Magazine** - \$50.00 \$ _____

TOTAL \$ _____

WANT MORE PLI COVERAGE?

\$3 Million (\$26)

\$5 Million (\$51)

* Membership for Licensed Opticians includes \$1 Million Professional Liability Insurance (PLI) Jan 1/19 to Dec 31/19

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

** You must be a member of the OAC to purchase a subscription to the CL Spectrum Magazine; subscription is 1 year

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

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

Name of Credit Card Holder _____

Signature of Card Holder _____

I authorize the Opticians Association of Canada (OAC) to charge my credit card in the amount of \$ _____.

Please Note: Applicants paying by credit card must include the signature of the card holder, or the payment cannot be processed.

By submitting this application, the applicant declares that (s)he will support the OAC, its objectives & goals.

The OAC observes all regulations set out by PIPEDA and relevant Provincial regulations. For a complete review of the OAC's Privacy Policy, see the OAC website at www.opticians.ca