



# Opticians Association of Canada / Ontario Opticians Association



## 2019 Student Membership Form

Send completed form by FAX, MAIL OR EMAIL: Fax. 1-204-947-2519 Email. [memberservices@opticians.ca](mailto: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 Student Membership\* FREE! (to Dec. 31, 2019)

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

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

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

### COMPLETE THE BELOW ONLY IF SUBSCRIBING TO CL SPECTRUM MAGAZINE

**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](http://www.opticians.ca)