

Opticians Association of Canada



2017 Membership and Insurance Form - ALBERTA

Send completed membership 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, 1-204-982-6060

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.

Street Address _____ Postal Code _____

City & Province _____ Primary Phone # _____

Email Address* _____

** The primary method of communication used by the OAC is email, so please provide a valid email address. You will automatically receive details from the OAC regarding your account and/or membership by email. A valid email is also required for your online profile to access your free online CE modules.*

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

Business/Company Name _____

Business Address _____

City & Province _____ Postal Code _____

Business Phone Number _____ Ext. _____ Business Fax Number _____

COMMUNICATION PREFERENCES: **These preferences are for communications sent directly from the OAC. The OAC respects 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 e-newsletter and important emails about the field of Opticianry.

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

2017 MEMBERSHIP FEES: (check all that apply & record \$ amount on line below)

2017 OAC Membership - FREE \$ Paid by COA _____

Professional Liability Insurance: \$ _____

\$1,000,000 policy - \$30.00 \$3,000,000 policy - \$60.00

\$5,000,000 policy - \$84.00

CL Spectrum Magazine* - \$50.00 \$ _____

TOTAL \$ _____

**You must be a member of the OAC to be able to purchase a subscription to CL Spectrum Magazine.*

LIABILITY INSURANCE

Professional Liability Insurance runs from the date of purchase until December 31, 2017.

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

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.

BENEFITS OF MEMBERSHIP:

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

- ◆ Lowest rates on Professional Liability Insurance coverage
- ◆ 4 FREE CE tokens towards online CE
- ◆ Free subscription to OAC communications

- ◆ Discount rates on: online CE modules, CE events, Errors & Omissions liability insurance; health, automobile & property insurance; RMA Membership; CL Spectrum Magazine
- ◆ Opportunity to join the Canadian Safety Eyewear Program & The Optical Group
- ◆ And more!

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. For a complete review of the OAC's Privacy Policy, see the OAC website at www.opticians.ca