



# 2017 Membership Form

Send completed membership 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, 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 & NSSDO.

Street Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City & Province \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Email Address\* \_\_\_\_\_

*\* The primary method of communication used by the OAC&NSSDO is email, so please provide a valid email address. You will automatically receive details from the OAC&NSSDO regarding your account and/or membership by email. A valid email is 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 & NSSDO.

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 & NSSDO. The OAC & NSSDO 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 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)

<input type="checkbox"/> OAC/NSSDO Membership * - \$125.00	\$ _____
Plus 15% HST	\$ <u>18.75</u>
<input type="checkbox"/> CL Spectrum Magazine** - \$50.00	\$ _____
<b>TOTAL</b>	\$ _____

**WANT MORE INSURANCE COVERAGE?**  
 For a minimal cost, you can upgrade your insurance to \$3Million (\$26) or \$5Million (\$51) coverage by calling the OAC office at 1-800-847-3155.

*\*Membership for Licensed Opticians includes \$1 million Professional Liability Insurance (PLI) coverage to December 31, 2017*

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

*\*\* OAC Membership is required to purchase a subscription to CL Spectrum Magazine; subscription is 1 year*

**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](http://www.opticians.ca) for the full list of member benefits

- ◆ FREE \$1million Professional Liability Insurance coverage
- ◆ 4 FREE CE tokens towards online CE
- ◆ Free subscription to OAC & NSSDO 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! Go to [www.opticians.ca](http://www.opticians.ca)

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