

Opticians Association of Canada

2017 Membership Form - Students



Send completed membership form by FAX, MAIL OR EMAIL: Fax. 1-204-947-2519 Email. canada@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) _____

Student # _____ Educational Institution _____

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 _____ Home 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.

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)

OAC Membership* - FREE for Students currently enrolled in an accredited educational institution

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

TOTAL \$ _____

* Membership for Students is valid during the time they are enrolled as a Student in an Optical Training Program

* Free membership for students does not include Licensed Opticians or Contact Lens Opticians taking advanced training

** Subscription to Contact Lens (CL) Spectrum Magazine is 1 year

JOIN US ON



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

- ◆ **FREE** \$1million 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! Go to 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