

Opticians Association of Canada

2018 Membership Form



OPTICIANS
ASSOCIATION OF CANADA
ASSOCIATION DES
OPTICIENS DU CANADA

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 _____ Home Phone # _____

Email Address* _____

* The OAC is reducing the amount of paper being used by our office. The primary method of communication used by the OAC is email, so please provide a valid email address. 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

2018 MEMBERSHIP FEES: (check all that apply)

2018 OAC Membership -	\$	<u>125.00</u>
Plus 5% GST	\$	<u>6.25</u>
CL Spectrum Magazine* - \$50.00	\$	_____
TOTAL	\$	_____

WANT MORE PLI COVERAGE ?

\$3 Million (\$26)

\$5 Million (\$51)

*Membership Includes \$1 Million Professional Liability Insurance (PLI) coverage starting January 1st, 2018.

* 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 the CL Spectrum Magazine

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** \$1 Million Professional Liability Insurance Coverage (PLI) effective Jan 1—Dec 31)
- ◆ **4 FREE** online CE courses

- ◆ 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

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