Opticians Association of Canada/NL Guild of Dispensing Opticians

2019 Membership Form *Special until December 1, 2018*

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

OPTICIANS ASSOCIATION OF CANADA
ASSOCIATION DES OPTICIENS DU CANADA

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 & NGDO.

Street Address _____ Postal Code _____

City & Province _____ Home Phone # _____

Email Address* _____

** The primary method of communication used by the OAC & NGDO 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 & NGDO.

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 & NGDO. The OAC & NGDO 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

RENEW OR BECOME A MEMBER FOR 2019 BY DEC 1/18 AND CHOOSE ONE OF THE FOLLOWING ADDITONAL BENEFITS:

☐ $20 off an OAC hosted event in 2018/2019 ☐ Two (2) OAC online CE modules **to be completed in 2018*

MEMBERSHIP FEES: (check all that apply) **membership runs to December 31, 2019*

☐ **Eyeglass Fitter - $125** (includes $1 million insurance) $ _____

☐ **Contact Lens Fitter - $151** (includes $3 million insurance) $ _____

Plus 15% HST $ _____

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

TOTAL $ _____

WANT MORE PLI COVERAGE?

☐ $3 Million ($26)

☐ $5 Million ($51)

** Professional Liability Insurance (PLI) runs from Jan 1/19 to Dec 31/19 (if you require PLI for 2018, contact the OAC at 1-800-847-3155)*
*** 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** ☐ **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, 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