



Opticians Association of Canada

2023 Membership Form

Students - Associates - Internationals

APPLICANT INFORMATION:

* mandatory field

First Name* _____ Last Name* _____ | Language: ☐ English ☐ French

Email Address* _____ Cell Phone # _____

☐ HOME ☐ WORK ADDRESS: The address indicated below will be your primary address on file at the OAC.

Business/Company Name (If Applicable) _____ ☐ Independent ☐ Chain ☐ Optometrist Office

Street Address* _____ City & Province* _____

Postal Code* _____ Phone #* _____ I am a/an *

COMMUNICATION PREFERENCES:

☐ I would like to receive the OAC e-newsletters and emails about the field of Opticianry.

☐ I would like to receive the OAC event and webcast updates.

☐ I would like to receive information from the OAC on behalf of industry partners.

☐ Student ☐ Optician ☐ Opt. Assistant ☐ Optometrist ☐ Ophthalmologist

☐ Other: _____

Province _____ License # _____

Student # _____ School _____

2023 OAC MEMBERSHIPS (runs to December 31, 2023 - check all that apply)

Please note there is NO professional liability insurance included with the memberships cited below.

STUDENTS who are currently enrolled in an accredited Optical Training program in Canada FREE ☐

ASSOCIATES

- MB/BC/AB/SK/PEI/QC	\$137.75 + 5% GST (\$6.89)	\$144.64	<input type="checkbox"/>
- ON	\$137.75 + 13% GST (\$17.91)	\$155.66	<input type="checkbox"/>
- NFL/NS	\$137.75 + 15% GST (\$20.66)	\$158.41	<input type="checkbox"/>

INTERNATIONAL NO TAX \$137.75 ☐

\$ _____

International Opticians Association (IOA) Membership

Membership with the IOA will provide you with the ability to network with Opticians worldwide, access to global information on trends and best practices, access to quarterly e-newsletters, professional education and more

FREE ☐

TOTAL

\$ _____

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

Credit Card Number _____ Expiry Date _____

CVC (3 digit) AMEX (4 digit) _____ Name of Credit Card Holder _____

I authorize the OAC to charge my credit card in the above amount. Signature of Card Holder _____

*CHEQUES & MONEY ORDERS MUST BE MADE PAYABLE TO "OPTICIANS ASSOCIATION OF CANADA" AND SENT IN WITH THIS REGISTRATION FORM.

Opticians Association of Canada, PO Box. 37043 St. Vital Centre, Winnipeg, Manitoba R2M 5R3
Ph. 1-800-847-3155 (1-204-982-6060) Fax. 1-866-735-0283 Email. canada@opticians.ca

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

By submitting this application, the applicant declares that (s)he will support the OAC & AOOQ, their objectives & goals. The OAC & AOOQ observe all regulations set out by PIPEDA and relevant Provincial regulations. The OAC & AOOQ respect your privacy. We do not share your personal information for commercial purposes.