



Opticians Association of Canada

# 2024 Membership Form

## Students - Associates - Internationals

### APPLICANT INFORMATION:

\* mandatory field

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ | Language\*: ☐ English ☐ French

Email Address\* \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ ☐ Home ☐ Business ☐ Cell Phone

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

Company Name (If company address) \_\_\_\_\_ ☐ Independent ☐ Chain ☐ Optometrist Office

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_

### 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.

I am a/an\* ☐ Student ☐ Optician ☐ Opt. Assistant ☐ Optometrist ☐ Ophthalmologist

☐ Other: \_\_\_\_\_

Province \_\_\_\_\_ License # \_\_\_\_\_

Student # \_\_\_\_\_ School \_\_\_\_\_

## 2024 OAC MEMBERSHIPS

(runs to December 31, 2024 - 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

\$144.64 + 5% GST (\$7.23)

**\$151.87**

☐

- ON

\$144.64 + 13% GST (\$18.80)

**\$163.44**

☐

- NFL/NS

\$144.64 + 15% GST (\$21.70)

**\$166.34**

☐

### INTERNATIONAL

**NO TAX**

**\$144.64**

☐

### International Opticians Association (IOA) Membership

FREE

☐

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.

### 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.**

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Website. [opticians.ca](http://opticians.ca)