Opticians Association of Canada
& Ontario Opticians Association

2020 Membership Form

FRONTLINE OF VISION CARE

APPLICANT INFORMATION: *mandatory field

First Name* _____ Last Name* _____ License / Student #* _____

Province* _____ License Type: ☐ EG ☐ CL ☐ AR | Registered Optician as of _____ (year) School _____ (only for students)

Email Address* _____

Language: ☐ English ☐ French | What is your current position? ☐ Employee ☐ Managing Optician ☐ Owner ☐ Other _____

HOME ADDRESS: ☐ Check here if you wish for your home address to be your primary address on file at the OAC and OOA.

Street Address _____ Postal Code _____

City & Province _____ Home Phone # _____ Cell Phone # _____

BUSINESS ADDRESS: ☐ Check here if you wish for your business address to be your primary address on file at the OAC and OOA.

Business/Company Name _____

Business Address _____ Postal Code _____

City & Province _____ Phone #_____Ext. _____ Fax #_____

COMMUNICATION PREFERENCES:

☐ I would like to receive the OAC & OOA e-newsletters, event updates and important emails about the field of Opticianry.

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

2020 OAC / OOA MEMBERSHIP (check all that apply)

OAC/OOA MEMBERSHIP (runs to December 31, 2020) **Professional Liability Insurance (1,000,000) - INCLUDED** *If you are employed by Loblaw Optical, your company will reimburse you for your OAC/OOA membership fees*	$ 160.00	$ _____
HST	13 %	$ 20.80
Professional Liability Insurance Upgrade (optional)**:**		
3,000,000 PLI	$ 26.00	$ _____
5,000,000 PLI	$ 51.00	$ _____
STUDENT* MEMBERSHIP **non-licensed individuals enrolled in a nationally accredited Optical Training Program in the 2020 academic year*	FREE	☐
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) _____

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, 2706-83 Garry St, Winnipeg, MB R3C4J9

Ph. 1-800-847-3155 (1-204-982-6060) Fax. 1-204-947-2519 Email. canada@opticians.ca

Go to www.opticians.ca and www.ontario-opticians.com for the full list of member benefits

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