

# 2021 Membership Form - Loblaw Employees

## APPLICANT INFORMATION:

\*mandatory field

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ License / Student #\* \_\_\_\_\_

Province\* \_\_\_\_\_ License Type: ☐ EG ☐ CL ☐ Ref. | 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 \_\_\_\_\_ ☐ Independent ☐ Chain ☐ Optometrist Office

Business Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City & Province \_\_\_\_\_ Phone # \_\_\_\_\_ Ext. \_\_\_\_\_ Fax # \_\_\_\_\_

## COMMUNICATION PREFERENCES:

- ☐ I would like to receive the OAC & OOA e-newsletters and important emails about the field of Opticianry.  
☐ I would like to receive the OAC & OOA event and webcast updates.  
☐ I would like to receive information from the OAC & OOA on behalf of industry partners.

## 2021 OAC/OOA MEMBERSHIP (check all that apply)

**OAC/OOA MEMBERSHIP** (runs to December 31, 2021) \$ 126.88 \$ \_\_\_\_\_

**Professional Liability Insurance (1,000,000) - INCLUDED** \$ ~~130.00~~

*If you are employed by Loblaw Optical, your company will reimburse you for your OAC/OOA membership fees*

**HST** 13 % \$ 16.49

### Professional Liability Insurance Upgrade (optional):

3,000,000 PLI \$ 26.00 \$ \_\_\_\_\_

5,000,000 PLI \$ 51.00 \$ \_\_\_\_\_

## STUDENT\* MEMBERSHIP

FREE ☐

*\*non-licensed individuals enrolled in a nationally accredited Optical Training Program in the 2021 academic year*

### 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

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Go to [www.opticians.ca](http://www.opticians.ca) and [www.ontario-opticians.com](http://www.ontario-opticians.com) for the full list of member benefits