

# Opticians Association of Canada



OPTICIANS  
ASSOCIATION OF CANADA  
ASSOCIATION DES  
OPTICIENS DU CANADA

## 2018 \*SPECIAL PROMO\* Membership Form

Send completed membership form by FAX, MAIL OR EMAIL: Fax. 1-204-947-2519 Email. [memberservices@opticians.ca](mailto:memberservices@opticians.ca)  
Opticians Association of Canada, 2706-83 Garry St, Winnipeg, MB, R3C 4J9 Ph: 1-800-847-3155, 1-204-982-6060

### 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.

Street Address \_\_\_\_\_ Postal Code \_\_\_\_\_

City & Province \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address\* \_\_\_\_\_

*\* The OAC is reducing the amount of paper being used by our office. The primary method of communication used is email, so please provide a valid email address. A valid email is also required to be able to take advantage of the free CE tokens provided with membership.*

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

Business/Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City & Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Business Fax Number \_\_\_\_\_

### 2018 MEMBERSHIP FEES: (check all that apply)

<input type="checkbox"/> OAC *Special Promo* Membership -	\$	75.00
Plus 5% GST	\$	3.75
<input type="checkbox"/> CL Spectrum Magazine** - \$50.00	\$	
<b>TOTAL</b>	\$	

\* Membership includes \$1 Million Professional Liability Insurance (PLI) coverage starting January 1st, 2018

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

\*\* OAC Membership is required to purchase a subscription to CL Spectrum Magazine

### WANT MORE PLI COVERAGE?

For a minimal cost, you can upgrade your insurance to \$3Million (\$26) or \$5Million (\$51) coverage by calling the OAC office at 1-800-847-3155.

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

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

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.

### BENEFITS OF MEMBERSHIP:

Go to [www.opticians.ca](http://www.opticians.ca) for the full list of benefits

- ♦ **FREE** \$1million Professional Liability Insurance coverage (PLI effective Jan 1 - Dec 31)
- ♦ **4 FREE** CE tokens towards online CE
- ♦ Free subscription to OAC communications
- ♦ Discount rates on: online CE modules, CE events, Errors & Omissions liability insurance; health, automobile & property insurance; RMA Membership; CL Spectrum Magazine

By submitting this application, the applicant declares that (s)he will support the OAC, it's objectives & goals.

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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](http://www.opticians.ca)