



2018 Membership Form Loblaw Optical Employees

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

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 & OOA offices.

Street Address _____ Postal Code _____

City & Province _____ Home Phone # _____

Email Address* _____

* The OAC & OOA are reducing the amount of paper being used in our offices. 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 & OOA offices.

Business/Company Name _____

Business Address _____

City & Province _____ Postal Code _____

Business Phone Number _____ Ext. _____ Business Fax Number _____

COMMUNICATION PREFERENCES: *These preferences are for communications sent directly from the OAC & OOA. The OAC & OOA respect your privacy. We do not sell your personal information or share your personal information for commercial purposes.

Language of Preference: (check one)

[] English [] French

Please check:

[] Yes, I would like to receive the OAC & OOA e-newsletters and important emails about the field of Opticianry.

[] Yes, I would like to receive information from the OAC & OOA on behalf of industry partners.

2018 MEMBERSHIP FEES: (check all that apply)

Table with 2 columns: Fee description and Amount. Includes OAC/OOA Annual Membership* - \$125.00, Plus 13% HST, CL Spectrum Magazine** - \$50.00, and a TOTAL row.

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.

* Membership for Opticians includes \$1 Million Professional Liability Insurance (PLI) coverage starting January 1 or the date of membership, whichever is later. Insurance runs to December 31, 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

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

Credit Card Number _____ Expiry Date _____ CVC (3) _____

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 for the full list of member benefits

- ◆ FREE \$1million Professional Liability Insurance coverage
◆ 4 FREE online CE courses
◆ Free subscription to OAC & OOA communications

- ◆ Discount rates on: online CE modules, CE events, Errors & Omissions liability insurance; health, automobile & property insurance; RMA Membership; CL Spectrum Magazine
◆ Opportunity to join the Canadian Safety Eyewear Program & The Optical Group
◆ And more! Go to www.opticians.ca

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

The OAC & OOA observes all regulations set out by PIPEDA and relevant Provincial regulations.