

OOA / OAC MEMBERSHIP APPLICATION

**fields are mandatory*

*Name: _____ *Reg# _____

*Email: _____

Home Address:

Street _____

Suite _____ City _____

Province _____ PC _____

Home Phone () _____ Fax () _____

Business Address:

Business Name _____

Street _____

Unit _____ City _____

Province _____ PC _____

Bus Phone () _____ Bus Fax () _____

Prefer to have mail sent to:

Home Business

Presently dispensing:

Full Time Part Time

Retired Seeking Employment

What do you dispense?

Eyeglasses Contact Lenses

LVAs Safety Glasses

Where do you work?

National Chain OD MD

Independent Chain Owner

Cell () _____

*DUAL ASSOCIATION MEMBERSHIP FEES:

Dispensing Optician	\$160.00	Membership Amount	\$ _____
Optical Industry Affiliate (Non-Dispensing)	\$160.00	HST on Membership (13%)	\$ _____
Student (Circle School: Seneca Georgian NAIT)	FREE	Insurance (\$26 or \$51)	\$ _____
Student Number _____			

Professional Liability Insurance \$1 million Included (with Dispensing Optician Membership)

Professional Liability Insurance \$3 million	\$26.00	Spectrum Magazine (\$50)	\$ _____
Professional Liability Insurance \$5 million	\$51.00		
Contact Lens Spectrum Magazine Subscription	\$50.00	Total	\$ _____

**If you are employed by Loblaw Optical, please use the Loblaws Employees Only Membership Form. Your company will reimburse you.*

To opt out of the \$1 million insurance coverage, please sign here: _____

*PAYMENT OPTIONS:

1) Cheque enclosed or 2) Credit Card: MasterCard VISA
Credit Card # _____ Expiry Date _____ *CVV _____

Cardholder Name _____ Signature _____

We have several project committees which you can get involved in – only a few hours per month of your time is required. Do you want to know more about it in terms of time and work involved? _____

I would like to receive via email the OOA/OAC Newsletter and important Association bulletins.

DECLARATION: “By submitting this application the applicant declares that (s)he will support the Ontario Opticians Association & Opticians Association of Canada objects and goals.”

*Signature _____ *Date _____

Ontario Opticians Association

P.O. Box #23518

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