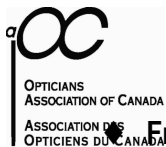


Opticians Association of Canada/Nova Scotia Society of Dispensing Opticians Blended Membership Application Privileges of Membership



Free subscriptions to:

Vision Magazine

Eyesite Newsletter

- ◆ **CL Spectrum magazine at a special rate:** Every third issue contains a continuing education module
- ◆ **Group discount rates on:** Visa and Master Card
- ◆ **Errors & Omissions Insurance:** Three million (\$75) or Five million coverage available (\$90)
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Payment by Cheque Visa MasterCard

I authorize the Opticians Association of Canada (OAC/NSSDO) to charge my credit card in the amount of \$ _____

Credit card number _____ Exp. date _____

Name of card holder _____

Signature of card holder _____

Please note: Applications that do not include the signature of the card holder will not be processed

APPLICANT INFORMATION:

Name of applicant (print clearly) _____

License or student # _____ I wish to receive mail at home work

Home address _____ City/Prov _____

Postal Code _____ Home phone _____ Home email _____

Bus name _____ Bus address _____

City/Prov _____ Postal Code _____

Bus phone _____ Bus fax _____ Bus email _____

**By submitting this application the applicant declares that (s)he will support the
Opticians Association of Canada, it's objects and goals.**

**FAX OR
MAIL
TO**

Opticians Association of Canada
2706-83 Garry St.,
Winnipeg, Manitoba R3C 4J9
Ph: 204-982-6060 Fax: 204-947-2519
1-800-847-3155
Email: memberservices@opticians.ca

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