



Application Form

Membership dues are payable annually on November 01. Membership dues are set out in the By-Laws and are amended by a vote of the members in a General Membership Meeting. Payment is accepted by the following methods:

- Payment in full—by cheque or credit card
- Credit card instalments—see attached form for details
- Pre-authorized monthly payments (PAP)—see attached form for details

Cheques should be made out to *The Ontario Association of Optometrists*. Applications for membership are limited to those lawfully practicing in Ontario. As per By-Law No. 3.1, all applications are subject to the policies as set from time to time by the Board of Directors and are subject to the approval of the Board of Directors.

First, Initial, Last Name

COO Certificate Of Registration #

Preferred Name if other than above

APPLICATION FOR OAO MEMBERSHIP

I (the undersigned) hereby apply for a membership in the **ONTARIO ASSOCIATION OF OPTOMETRISTS**. I agree to abide by its **CONSTITUTION, BY-LAWS** and **ETHICAL GUIDE FOR OAO MEMBERS**, and to promptly advise the Association of any change in practice location(s).

SIGNATURE: _____

DATE: _____

The following information will be used by the OAO in its member records. This information is important to the organization as it develops policy proposals for the Ontario government, expands member resources, evaluates current programs, and assists the public in accessing optometric services

All of the information is kept confidential, except for your business address(es), unless you advise us otherwise. Your business address and phone number may be provided to members of the public requesting specific services.

MAILING INFORMATION

Where should Association mail be sent? (**Note:** deliveries to a home address may be delayed)

Primary Office Home

Gender: Male Female

Date of graduation: _____

Date of birth: _____

HOME ADDRESS

Home Address _____

CANADA

City, Prov., Postal Code _____

Country _____

Area code _____

Telephone _____

Area code _____

Fax number _____

Email address* _____

OUTREACH

Do you wish us to provide your name to members of the public requesting the languages or services listed below?

Yes No

Would you be willing to speak on radio or TV, or to a print journalist about optometric issues?

Yes No

Are you willing to participate on behalf of the OAO in community events such as health fairs, presentations to local groups, schools or companies?

Yes No

Are you willing to participate in contacting your MPP/MP?

Yes No

Would you like information about Life & Disability insurance offered by the OAO?

Yes No

TRAINING

Optometric school(s): _____

Degrees and Professional designations (eg. F.A.A.O., MSc., etc.) _____

Have you received training in the use of TPAs? Yes No

Have you passed the TMOD examinations? Yes No

COMMUNITY AND PROFESSIONAL AFFILIATIONS

To what local community clubs or professional associations do you belong? _____

PRIMARY OFFICE LOCATION (Office #1)

Name of Practice

Address

CANADA

City, Prov., Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

Nearest Intersection:

County

SECOND OFFICE ADDRESS (Office #2)

Name of Practice

Address

CANADA

City, Prov., Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

Nearest Intersection:

County

THIRD OFFICE ADDRESS (Office #3)

Name of Practice

Address

CANADA

City, Prov., Postal Code

Country

Area Code

Telephone

Area Code

Fax Number

Nearest Intersection:

County

The OAO receives on average two (2) calls per week from the public inquiring about various services provided by optometrists. The items below indicate the most frequently requested. Please complete this information if you wish to be included in the lists provided to the public for referral.

Services at Office	1	2	3	Facilities at Office	1	2	3
Home Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handicapped Accessible Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Exams (6 – 24 mos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handicapped Washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School Children (2 – 5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handicapped Examination Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits to Institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Visual Perception Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Languages spoken	OD	Languages Spoken	OD
Arabic	<input type="checkbox"/>	Korean	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	Kutchi	<input type="checkbox"/>
Burmese	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Persian	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
Finnish	<input type="checkbox"/>	Russian	<input type="checkbox"/>
French	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>
German	<input type="checkbox"/>	Slovak	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	Swahili	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	Ukranian	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	Yiddish	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Other:	
Japanese	<input type="checkbox"/>	Please Specify	

**Ontario Association of Optometrists
2011/2012 Membership Fees**

for the year ending October 31, 2012

As a registered optometrist in Ontario, you are invited to be a member of the Ontario Association of Optometrists (OAO). For membership in 2011/2012 (to October 31, 2012) dues are as follow if payment is either made by cheque, credit card (1 or 3 installments) or by pre-authorized payment (PAP) (12 installments). As a member of the OAO, you are also a member of the Canadian Association of Optometrists (CAO)

Full Active member

Ontario Association of Optometrists dues	\$	1,400.00
Mandatory CAO dues	\$	330.00
Mandatory CAO Advertising Assessment*	\$	800.00
Total	\$	2,530.00

Year 4, Prelude to retirement, Maternity Leave, Part-Time & Practitioners Relocating to Ontario

Ontario Association of Optometrists dues (75% of \$1400.00)	\$	1,050.00
Mandatory CAO dues (75% of \$330.00)	\$	247.50
Mandatory CAO Advertising Assessment (75% of \$800.00)*	\$	600.00
Total	\$	1,897.50

Year 3

Ontario Association of Optometrists dues (50% of \$1400.00)	\$	700.00
Mandatory CAO dues (50% of \$330.00)	\$	165.00
Mandatory CAO Advertising Assessment (50% of \$800.00)*	\$	400.00
Total	\$	1,265.00

Faculty Member

Ontario Association of Optometrists dues (50% of \$1400.00)	\$	700.00
Mandatory CAO dues (50% of \$330.00)	\$	165.00
Mandatory CAO Advertising Assessment	\$	-
Total	\$	865.00

Year 2 , Special Member & Active 120

Ontario Association of Optometrists dues (25% of \$1400.00)	\$	350.00
Mandatory CAO dues (25% of \$330.00)	\$	82.50
Mandatory CAO Advertising Assessment (25% of \$800.00)*	\$	200.00
Total	\$	632.50

New Grad (Year 1),

Ontario Association of Optometrists dues (10% of \$1400.00)	\$	140.00
Mandatory CAO dues (10% of \$330.00)	\$	33.00
Mandatory CAO Advertising Assessment (10% of \$800.00)*	\$	80.00
Total	\$	253.00

Emeritus

Ontario Association of Optometrists dues (10% of \$1400.00)	\$	140.00
Total	\$	140.00

* Note: The Canadian Association of Optometrists Advertising Assessment is directed specifically towards the funding of our national television advertising campaign.