

2010 OPA Membership Application

Membership Period: January 1 – December 31, 2010



Please complete or update the following as applicable

OPA No.:	OCP No.:	Grad Year:
Name:	Date of Birth: <small>Month / Day / Year</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Primary Mailing Address:		Alternate Mailing Address:
<small>Phone/Mobile _____ Fax _____</small> Email Address: _____		<small>Phone/Mobile _____ Fax _____</small> Email Address: _____
Please make any changes directly on this form.		Send email to: <input type="checkbox"/> primary address <input type="checkbox"/> alternate address
Most recent Membership Category:		

Save money by combining membership with Professional Liability Insurance (PLI)

A Membership Fees (Please select the appropriate category; membership category information details on reverse.)

Membership with Professional Liability Insurance (PLI) \$2,000,000/claim; \$4,000,000 annual aggregate includes Disciplinary Legal Expenses Coverage \$10,000/claim; \$30,000 annual aggregate	<input type="checkbox"/> Full <input type="checkbox"/> Spousal <input type="checkbox"/> Hospital <input type="checkbox"/> Supporting <input type="checkbox"/> Student	\$673.82 \$627.11 \$435.06 \$435.06 \$222.25	Rates include all applicable taxes Total of A \$ <input style="width:80px;" type="text"/>
Please answer the following questions: 1. Has any claim been made or suit brought against you on account of any actual or alleged malpractice, error or mistake? <input type="checkbox"/> Yes (an addendum may be requested) <input type="checkbox"/> No 2. Do you have any knowledge of any act which might give rise to a claim under this policy or do you anticipate any claims being brought against you? <input type="checkbox"/> Yes (an addendum may be requested) <input type="checkbox"/> No			

B To RENEW or to APPLY FOR upgraded Professional Liability and/or upgraded Disciplinary Legal Expense, make your selection(s) below:

Upgrades are only available to members who purchase Membership with Professional Liability (see A); upgrades must be made annually.

Professional Liability Upgrade	<input type="checkbox"/> \$5,000,000/claim; \$5,000,000 annual aggregate	\$ 96.12	Rates include all applicable taxes Total of B \$ <input style="width:80px;" type="text"/>
Disciplinary Legal Expenses Upgrade	<input type="checkbox"/> \$25,000/claim; \$75,000 annual aggregate <input type="checkbox"/> \$50,000/claim; \$150,000 annual aggregate <input type="checkbox"/> \$100,000/claim; \$300,000 annual aggregate	\$ 35.64 \$ 46.44 \$ 66.96	

C Membership without Professional Liability

Membership without Professional Liability	<input type="checkbox"/> Full <input type="checkbox"/> Spousal <input type="checkbox"/> Hospital <input type="checkbox"/> Supporting <input type="checkbox"/> Student	\$555.38 \$508.67 \$316.62 \$316.62 \$ 61.25	Rates include all applicable taxes Total of C \$ <input style="width:80px;" type="text"/>
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D Professional Liability Insurance Credit (Only for 2009 PLI participants.)

Total of D \$

Membership Categories

Full Membership includes voting privileges and full benefits. One must be a licensed practicing pharmacist in Ontario in good standing with the OCP.

Spousal Membership includes voting privileges and full benefits. When two Full Member pharmacists reside in the same household, one may apply to this category, and only one mailing will be sent.

Hospital Membership includes **NO** voting privileges. Must work full-time in a hospital pharmacy. (Verifiable via OCP Public Register)

Supporting Membership includes **NO** voting privileges. If you are applying to this category, please indicate which category is applicable for you:

- 65 years of age or older by December 31, 2009
- Disabled – totally disabled as defined by OPA Insurance Program
- Out of Province – residing outside of Ontario with a Canadian license
- Non-Registered – pharmacists no longer licensed to practice pharmacy in any jurisdiction (subject to approval by OPA's Membership Department; those whose licenses are revoked do not qualify)

Student Membership (Proof of enrollment at your educational institution is required.)

Please indicate if you are:

- Undergraduate Masters Program PharmD Residency IPG Intern Anticipated year of graduation _____

Member Demographics Questionnaire

1. Do you work: Full Time Part Time

What best describes your role:

- Pharmacist - Staff
- Pharmacy Manager
- Pharmacy Owner
- Freelance/Relief
- Hospital Pharmacist
- Hospital Pharmacy Director
- Drug Information
- Administrator
- Consultant
- Family Health Team
- Industry sales
- Retired
- Not Currently Employed
- Other _____

2. Who pays for your OPA membership:

- Self Employer Combination

If you indicated "self" will you be reimbursed for this membership?

- Yes No

3. What best describes your main employer or practice site:

4. Are you interested in participating in speaking engagements: Yes No

List all working languages:

5. Please indicate if you have an area of specialization or certification

- Certified Diabetes Educator
- Certified Asthma Educator
- Certified Respiratory Educator
- Certified Geriatric Pharmacist
- NAMS Certified Menopause Practitioner
- Psychiatry Board Certification
- Doctor of Pharmacy
- Other (please specify)

EARLY BIRD BONUS: Pay by December 21, 2009 and receive a FREE online subscription to RxFiles.ca

I am NOT interested in receiving the Early Bird Complimentary Subscription to RxFiles.ca

Payment Options

TOTAL: (A + B + D) or (C + D): \$

Fees are payable to the Ontario Pharmacists' Association (OPA) by cheque, Visa or Mastercard

Cheque Visa Mastercard Card Number _____ Expiration date ____ / ____

Name on credit card _____ Signature _____

GST Registration: R107800112

Payment is due by January 1, 2010

If submitting payment by fax, please remember to fax both sides to (416) 441-0791

Protecting your Privacy

Your privacy is important to us. Some information you provide to OPA in this application may be considered personal information. OPA collects, uses and shares the information contained in this membership application for the sole purposes of processing your application and delivering OPA services, programs and publications to you and for the purposes of facilitating electoral processes pertaining to individuals becoming a Director of the Board. OPA does not sell or in any other way provide your personal information to third parties not associated with the provision of OPA services, programs or publications. OPA uses appropriate safeguards to ensure that your personal information remains confidential. Should you choose not to provide information OPA is requesting in this membership application, you may not receive certain OPA services, programs or publications or the ability to elect your Board representative. For further information on how OPA protects your privacy, see OPA Protects Your Privacy at www.opatoday.com or contact the privacy officer at OPA.

Disclosure Statement

The information provided by me on this application is, to the best of my knowledge, accurate and complete. Any and all member benefits, provided in good faith by OPA, and entered into by me, are at my own risk. OPA is not liable for any actions resulting from my personal or business decisions.