

2010 OPA Technician Application

Membership Period: April 1, 2010 – March 31, 2011



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</small>	_____ <small>Fax</small>	_____ <small>Phone/Mobile</small>
_____ <small>Email Address:</small>	_____ <small>Email Address:</small>	
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:		

Membership

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Technician Membership Fee: \$90.48 + \$1.13 (GST) + 8.82 (HST) Total: \$100.43

Payment Options

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 April 1, 2010

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. 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. 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.

Your signature below authorizes OPA to collect, use and share the information contained within this application for the sole purposes set out in the privacy statement.

Signature _____

Date _____