

OPA Membership

Full OPA membership
January 1 – December 31, 2018

+

DIRC Subscription

DIRC Premium subscription
January 1 – December 31, 2018

+

Owners Council

Independent Owners Caucus membership
June 2018 – June 2019

Personal Information

First name:		Last name:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: (dd/mm/yyyy)	Grad year:	OCP #:	
OPA #:	Email:			
Home address:				
City:	Province:	Postal code:	Home phone:	Mobile phone:

Pharmacy Information

Pharmacy accreditation #:				
Pharmacy name:				
Pharmacy address:			<input type="checkbox"/> Make this my correspondence address	
City:	Province:	Postal code:	Pharmacy phone:	Pharmacy fax:
Pharmacy email:			Select your store affiliation or choose 'unaffiliated' (if appropriate):	
I would like to receive the eDIRC newsletter at this store's email address. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your role at this pharmacy:			Number of pharmacies you own:	
Co-owner(s) name(s) for this location:				
Designated Manager's name for this location (if different from owner):				
Does this pharmacy provide contract services to long-term care facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does this pharmacy dispense methadone maintenance therapy (MMT)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Professional Liability Insurance

	Premium	RST	Total
Professional Liability Insurance: \$5M/claim; \$5M annual aggregate Tribunal legal expenses and criminal action extension coverage: \$100K/claim; \$300K annual aggregate	\$306	\$24.48	\$330.48
Professional Liability Insurance: \$5M/claim; \$5M annual aggregate Tribunal legal expenses and criminal action extension coverage: \$50K/claim; \$50K annual aggregate	\$262	\$20.96	\$282.96
Professional Liability Insurance: \$2M/claim; \$4M annual aggregate Tribunal legal expenses and criminal action extension coverage: \$100K/claim; \$300K annual aggregate	\$208	\$16.64	\$224.64
Professional Liability Insurance: \$2M/claim; \$4M annual aggregate Tribunal legal expenses and criminal action extension coverage: \$50K/claim; \$50K annual aggregate	\$164	\$13.12	\$177.12

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?
 Yes (an addendum may be requested) 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?
 Yes (an addendum may be requested) No

Select insurance:

Professional Development

	Rate	HST	Total
<input type="checkbox"/> Yes, give me access to 10 of OPA's online professional development programs in 2018.	\$249	\$32.37	\$281.37

OAC Eligibility requirements:

- Applicant must be a pharmacist owner of an active accredited pharmacy in Ontario
- Applicant must be a member in good standing with the Ontario College of Pharmacists
- Applicant must have an equity interest over the ability to sell or close their pharmacy business
- For franchise/banner stores: individual pharmacy owners are eligible to apply to be members of the Independent Owners Caucus, even if their franchise/banner corporate office already has representation on the Chain Caucus

Additional Information

* Required

*1. I give OPA permission to contact me via email about its various products and services including (but not limited to) newsletters, membership and insurance, education, events, advocacy and volunteer opportunities, and drug information subscriptions. I understand that I can unsubscribe at any time by sending an email to membership@opatoday.com with 'withdraw' in the subject line.
 Yes No

*2. The *Ontario Pharmacist* magazine is delivered to members as an online magazine. Check here if you prefer to receive a hard copy.

*3 Does this pharmacy provide contract services to long-term care facilities?
 Yes No

*4 Does this pharmacy dispense methadone maintenance therapy (MMT)?
 Yes No

*5. Other than English, which language(s) do you speak as part of your practice?:

*6. Who pays for your OPA membership?:
 Self Employer Combination
 If you indicated "self" will you be reimbursed for this membership?
 Yes No

*7. What do you value most in your OPA membership?:
 Advocacy
 Insurance
 Continuing Education
 Networking
 Benefits
 Conference

*8. How did you hear about OPA?:
 I'm a renewing member
 Website
 Social media
 Direct mail
 Email
 Referral/colleague
 OPA representative
 Other _____

Payment Options

$$\begin{array}{ccccccc}
 \boxed{\$1,467.87} & + & \boxed{\text{Insurance}} & + & \boxed{\text{Professional Development}} & + & \boxed{\text{Discount}^*} & = & \text{Total: } \$ \boxed{} \\
 (\$1299 + \text{HST}) & & & & & & & &
 \end{array}$$

* The \$50 Bundle membership discount is only available for the Owners Bundle membership with Professional Liability Insurance

Fees are payable to the Ontario Pharmacists Association by cheque, Visa, or Mastercard.
 For your security, do not email your credit card number.

Cheque Visa Mastercard

Card number/Cheque number

Expiration date

Name on credit card

Signature

HST Registration #107800112

If submitting payment by fax, please remember to fax both pages to 416-441-0791.

Owners Bundle fees are not refundable and non-transferable.

By submitting payment for this subscription, I confirm that I have read and agree to the Terms and Conditions listed on the OPA website at opatoday.com/professional/DIRC.

Protecting your privacy

Your privacy is important to us. Some information you provide to OPA may be considered personal information. The information contained in this Membership application is collected, used and shared for the sole purposes of processing this application and delivering OPA services, programs and publications to the Member. The OPA does not sell or in any other way provide the Member's personal information to third parties not associated with the provision of OPA or DIRC services, programs or publications. The OPA uses appropriate safeguards to ensure that the Member's personal information remains confidential. For further information on how OPA protects the Member's privacy or for any questions or concerns, see OPA's Terms of Use & Privacy Policy at www.opatoday.com or contact OPA's privacy officer. By submitting this application, the Member agrees to the use of this information as set out in OPA's Privacy Policy.

Disclosure Statement

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