

OPA Membership Full OPA membership January 1 – December 30, 2020	+	Business Catalyst Tools HR Assist™, Audit Assist™ and Complaint Assist™ January 1 – December 30, 2020	+	Owners Council Independent Owners Caucus membership June 2020 – June 2021	+	PD Vouchers 5 \$50 Vouchers
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Personal Information

First name:		Last name:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to respond	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):	
Does this pharmacy dispense methadone maintenance therapy (MMT)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Professional Liability Insurance

	Premium	RST	Total
<input type="checkbox"/> Professional Liability Insurance: \$5,000,000/claim; \$5,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$100,000/claim; \$300,000 annual aggregate	\$306	\$24.48	\$330.48
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			
<input type="checkbox"/> Professional Liability Insurance: \$5,000,000/claim; \$5,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$50,000/claim; \$50,000 annual aggregate	\$262	\$20.96	\$282.96
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			
<input type="checkbox"/> Professional Liability Insurance: \$3,000,000/claim; \$5,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$100,000/claim; \$300,000 annual aggregate	\$252	\$20.16	\$272.16
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			
<input type="checkbox"/> Professional Liability Insurance: \$3,000,000/claim; \$5,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$50,000/claim; \$50,000 annual aggregate	\$208	\$16.64	\$224.64
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			
<input type="checkbox"/> Professional Liability Insurance: \$2,000,000/claim; \$4,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$100,000/claim; \$300,000 annual aggregate	\$208	\$16.64	\$224.64
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			
<input type="checkbox"/> Professional Liability Insurance: \$2,000,000/claim; \$4,000,000 annual aggregate Tribunal legal expenses and criminal action extension coverage: \$50,000/claim; \$50,000 annual aggregate	\$164	\$13.12	\$177.12
<div style="border: 1px solid #0070C0; padding: 2px; font-size: 8px;"> Save \$50 off membership when you purchase insurance at the same time </div>			

Please answer the following questions:

1. In the past 3 years, 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. Has any provincial regulatory college or society established under a provincial act regulating your professional services, notified you in writing that investigators have been appointed by the Registrar of the College to inquire into and examine your practice, conduct or actions with respect to possible professional misconduct or incompetence?
 Yes (an addendum may be requested) No

Select insurance:

\$

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 Corporate Caucus

Professional Development Bundles (You may choose more than one)

Clinical Bundle (save \$235)

- An update on Direct Oral Anticoagulation
- Identifying and Helping Women Undergoing Menopause
- Pharmacists' Health Coaching - Cardiovascular Training Course
- Point-of-Care Screening Program in Community Pharmacy
- FAQs and a New Drugs Update on Contraception and Abortion Care

Rate: \$117.50 HST: \$15.28

Total: **\$132.78**

Operational Bundle (save \$235)

- Applying NAPRA Non-sterile Compounding Standards into Practice
- Wearable Technology
- Expanded Scope: Pharmacy's Hope
- Third Party Audits
- Personal Branding for Pharmacy Professionals

Rate: \$110 HST: \$14.30

Total: **\$124.30**

Pharmacy Technician Bundle (save \$270)

- Applying NAPRA Non-sterile Compounding Standards into Practice
- Identifying Drug Interactions
- Wearable Technology
- Essential Cannabis Knowledge for Pharmacy Technicians
- Personal Branding for Pharmacy Professionals

Rate: \$100 HST: \$13.00 Total: **\$113.00**

Total includes all applicable taxes

Total of C

\$

Member Questionnaire

* 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. 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. Organizational Role
 Administrative support
 Long term care pharmacist
 Pharmacist manager
 Hospital pharmacist
 Other
 Pharmacy owner
 Staff pharmacist
 Pharmacy assistant
 N/A
 Relief pharmacist
 Pharmacy technician
 Student
 Hospital pharmacy management
 Franchisee
 Family health team pharmacist
 Consultant

*4. Select your store affiliation or choose "unaffiliated" or "other" (if applicable):
 Costco
 Drug Trading
 Family Health Team
 Hospital
 Loblaw
 Lovell Drugs
 Medical Pharmacies
 Medicine Shoppe
 Metro
 OnPharm
 PharmaChoice
 Pharmasave
 Remedys Rx
 Rexall
 Shoppers Drug Mart

Sobeyes
 Unaffiliated Independent
 United Pharma Group
 Walmart
 Whole Health Pharmacy Group
 Other

EARLY BIRD

Register by December 9, 2019 and receive a chance to win 1 of 5 \$200 vouchers[†]

[†] Early bird vouchers may be used on professional development, conference or 2021 OPA membership (not valid for insurance or in conjunction with other offers; expires December 31, 2020)

Payment Options

\$1,128.87
(\$999 +HST)

+

Insurance

+

Professional Development

-

Discount*

= Total: \$

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 Money Order

Card number/Cheque number

Expiration date

Name on credit card

CVV

Signature

If you are a new member, indicate your AIR MILES® Reward Miles[‡] Collector Number

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.

Payment is due December 30, 2019

Protecting your privacy

Your privacy is important to us. Some information you provide to OPA in this application may be considered personal information. The Ontario Pharmacists Association 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. The Association 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. The Association 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 our privacy policy at www.opatoday.com or contact the privacy officer at OPA. By submitting this application, you agree to the use of this information as set out in OPA's Privacy Statement.

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. The Ontario Pharmacists Association is not liable for any actions resulting from my personal or business decisions.

[‡] Some conditions apply. See Dealer for details. ©™ Trademarks of AM Royalties Limited Partnership used under license by LoyaltyOne, Co. and Ontario Pharmacists Association.

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