

Owners Advisory Council

2018/2019 Independent Owners Caucus Membership Application
(June 2018 to June 2019)

Please complete the following as applicable

Name:	OCP #:	OPA #:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Title:	
Pharmacy name:		
Pharmacy banner/franchise affiliation (if applicable):		
Address:	City:	Postal Code:
Phone:	Fax:	
Email:	Website (if applicable):	

Number of pharmacies you own:
Please provide the name and address of each of them (if different from above):
Please provide the names of all pharmacists listed at each location (indicate their OPA membership number if applicable):

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
- 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
- OPA membership is required.

Independent Owners Caucus
Membership fee:
\$150 + \$19.50 HST = \$169.50

I hereby submit my application for membership in the Independent Owners
Caucus of the OPA Owners Advisory Council.

HST Registration #10780 0112

TOTAL \$ 169.50

Name (please print)

Title

Signature or initials

Date

(If using initials, application must be sent back
from the applicant's personal email account)

Return completed forms to: Donna Philip

An invoice will be sent to you. If you prefer payment
by credit card. Please let us know. Thank you.

Mail:
Ontario Pharmacists Association
155 University Ave, Suite 600
Toronto, ON, M5H 3B7

Fax:
416-441-0791

Email:
dphilip@opatoday.com

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.

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 Ontario Pharmacists Association does not sell or in any other way provide your personal information to third parties not associated with the provision of Ontario Pharmacists Association 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 the Association.

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.