

## 2018 OAPAC Membership Application

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OAPAC's dedication to audiology resulted in professional and financial advancements for all private practice audiologists in the province however; more work and advocacy are needed. All

Independent Audiologists need to JOIN OAPAC NOW to ensure we provide a "UNITED FRONT". The Ministry is looking to see our dedication and your 2018 Membership will illustrate PROOF OF OUR UNITY.

***PLEASE PRINT CLEARLY***

**Date:** \_\_\_\_\_ **Renewal:** \_\_\_\_\_ **New Membership:** \_\_\_\_\_

Please indicate the preferred method for OAPAC to contact you (check and circle all that apply):

**Email:** \_\_\_\_\_ (home/business/both)      **Phone:** \_\_\_\_\_ (home/business/both)

Would you like your information to be made available to other OAPAC members?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if your business/clinic(s) has a Business Partner. **Is this person an AUDIOLOGIST?**

Yes \_\_\_\_\_ No \_\_\_\_\_      Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if your Audiologist Partner would like to be included for a \$500.00 fee to attend future AGMs - but no vote attached - and will be included on email/communication blasts/lists **(Please have your Partner(s) sign and initial all relevant sections of this application. If more than one, please print additional copies to be signed and included with your application).**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate if you have more than one clinic with an Audiologist Partner (\$500.00 fee/partner).

Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby authorize the OAPAC executive to release the information indicated above to those people who contact OAPAC regarding Audiologists in Private Practice.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

**Audiologist Partner:**

**I hereby authorize the OAPAC executive to release the information indicated above to those people who contact OAPAC regarding Audiologists in Private Practice.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

## 2018 OAPAC Membership Application

<b>NAME:</b>	<b>Administrative Use:</b> Date received:
CASLPO registration #	Cheque Amount (s)
Please advise of any name changes:	Clinic Page Option <b>Yes / No</b>
<b>CLINIC INFORMATION:</b>	
Name of Business/Clinic:	Address (Street, Suite #):
City:	Telephone:
Postal Code:	Fax:
Website:	Business Email:
Any specialty?:	
2 <sup>nd</sup> Clinic Name:	Address (Street, Suite #):
City, Province:	Telephone:
Postal Code:	Fax:
Website:	Business Email:
Any specialty?:	
3 <sup>rd</sup> Clinic Name:	Address (Street, Suite #):
City, Province:	Telephone:
Postal Code:	Fax:
Website:	Business Email:
Any specialty?:	
4 <sup>th</sup> Clinic Name:	Address (Street, Suite #):
City:	Telephone:
Postal Code:	Fax:
Website:	Business Email:
Any specialty?:	
<b>HOME ADDRESS</b>	
Address (Street, Suite #):	Telephone:
City:	Home Email:
Postal Code:	Cell:
<b>AUDIOLOGIST PARTNER ~ YES or NO (Please circle one)</b>	<b>ADDITIONAL AUDIOLOGIST PARTNERS</b>
<b>NAME:</b>	<b>NAME:</b>
CASLPO registration #	CASLPO registration #
Any specialty?:	Any specialty?:
<b>CLINIC PARTNERED WITH:</b>	<b>CLINIC PARTNERED WITH:</b>
Name of Business/Clinic:	Name of Business/Clinic:

***PLEASE PRINT CLEARLY***

# 2018 OAPAC Membership Application

**Please check which applies**

- \_\_\_ One Cheque fee \$3,000.00  
\_\_\_ 2 Cheques for \$1,750.00 (\$3,500.00)  
\_\_\_ +Audiologist Partner fee \$500.00 (indicate # of partners)  
\_\_\_ + Clinic Page Option \$125.00

I have enclosed my cheque(s) in the total amount of \$\_\_\_\_\_ for OAPAC membership dues for 2018. (\_\_\_\_\_) initial

*I agree to keep **all of the OAPAC information CONFIDENTIAL and shall not disclose this information to any person(s): OAPAC and its members could be irreparably harmed by such a breach.** (\_\_\_\_\_) initial*

### Audiologist Partner:

*I agree to keep **all of the OAPAC information CONFIDENTIAL and shall not disclose this information to any person(s): OAPAC and its members could be irreparably harmed by such a breach.** (\_\_\_\_\_) initial*

1. Please print and complete this application (please print your information clearly) and submit it with your payment (keep a copy for your records).
2. Enclose the form with your \$3,000 membership fee (Full) or 2 payments of \$1,750.00 (dated January 31<sup>st</sup> & June 30<sup>th</sup>, 2018) AND \$500.00 Audiologist Partner Fee (if applicable) AND \$125.00 Clinic link fee (optional).
3. **Make cheques payable to: OAPAC (Ontario Association of Professional Audiology Clinics).**
4. Mail application package to:

**OAPAC**  
c/o Bernice McKenzie, Treasurer  
**Amherstburg Audiology**  
**503 Sandwich Street South, Unit 2**  
**Amherstburg, ON N9V 3G5**

**FULL Membership is due by January 31<sup>st</sup> of each year.**

As a non-profit corporation, your dues are eligible for a business expense deduction (write-off).

In completing this application, I confirm that I meet all the requirements for the membership for which I am applying.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_