

2022 OAPAC Membership Application

OAPAC's dedication to growing, expanding, and fostering audiologist owned clinics has resulted in professional and financial advancements for all private practice audiologists in Ontario. 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 2022 Membership will illustrate PROOF OF OUR UNITY.

PLEASE PRINT CLEARLY

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

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

PLEASE PRINT CLEARLY

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Please check which applies

___ New Members fee \$1,500.00

___ +Audiologist Partner fee \$500.00 (indicate # of partners)

___ + Clinic Page Option \$125.00

I have enclosed my cheque/payment in the total amount of \$_____ for OAPAC membership dues for 2022. (_____) 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 FULL membership fee \$1,500.00 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), or e-transfer renee@audiologyservices.ca**
4. Mail or scan completed application package to:

OAPAC
c/o Renee Giroux, Treasurer
Advanced Hearing
1032 Brock St. S, Unit 4
Whitby, ON L1N4L8
renee@audiologyservices.ca

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: _____