

OAPAC New Membership Application

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 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 \$250.00 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

OAPAC New Membership Application

NAME:	Administrative Use:
	Date received:
CASLPO registration #	E-transfer/Cheque Amount (s)
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

___ Membership fee \$750.00

___ +Audiologist Partner fee \$250.00 (indicate # of partners)

I have enclosed my cheque in the total amount of \$_____ for OAPAC membership dues for 20____. (_____) 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*

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

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 \$750.00 AND \$250.00 Audiologist Partner Fee (if applicable).
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

FULL Membership is due by May 1st of each year.

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

Signature: _____ Date: _____