



RENEW YOUR OAO MEMBERSHIP TODAY!

MAIL ONTARIO ASSOCIATION OF OPTOMETRISTS
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PHONE Toll free: 800-540-3837 or (905) 826-3522 EXT. 242

ONLINE www.optom.on.ca

DUES PAYMENT OPTIONS

Member's Name _____ COO Reg. No. _____

Please select the payment option that you wish to use for your OAO membership dues.

1. Save time, **pay online!** From now until December 31, 2016 current OAO members can renew in one payment of full membership dues **online** at www.optom.on.ca
2. **CHEQUE** One payment, full membership dues amount payable to:
Ontario Association of Optometrists
3. **CREDIT CARD** **ONE** payment, Full Membership Dues **THREE** payments, Installment Plan

If you select the installment plan, three equal installments of your full membership dues amount will be charged to your credit card in the: first month following processing of your application; first week of January 2017 and first week of March 2017.

VISA **MASTER CARD**

Credit Card No. _____ Expiry Date __ / __

Cardholder: _____ (Name as it appears on the credit card)

4. **Pre-Authorized Payments (PAP) Monthly Installments**

Name of financial institution: _____

Account Number: _____

NOTE: PLEASE ENCLOSE YOUR CHEQUE MARKED "VOID". OAO CANNOT PROCESS YOUR AUTHORIZATION FORM WITHOUT THIS!

Disclaimer for Payment Options

I/We will immediately notify OAO in writing of any changes in the account or credit card information provided.

I/We authorize the financial institution indicated above to issue monthly payments commencing November 15, 2016, or the 15th of the month following receipt of your application in the event of initiating membership, payable to: **Ontario Association of Optometrists (OAO)**.

I/We understand OAO will charge \$30.00 for any payment that does not clear through my/our account. This penalty, and the full outstanding balance will be due immediately by certified cheque or credit card.

For joint accounts, or if more than one signature is required on cheques issued against the account, all signatories are required. Please sign below.

Signature _____ Date: __ / __ / __

Signature _____ Date: __ / __ / __