



OCCUPATIONAL AND ENVIRONMENTAL  
MEDICAL ASSOCIATION OF CANADA

OEMAC.ORG

ASSOCIATION CANADIENNE DE LA  
MÉDECINE DU TRAVAIL ET DE  
L'ENVIRONNEMENT

## Application for Membership

License Number: \_\_\_\_\_

Full Name: Dr. \_\_\_\_\_

Degrees/Designations:       ACBOM       MSc (A)       ABPM       CISME       PhD  
    CCBOM       MPH       DOHC       ABIME       FRCP (C)  
    FCBOM       Other

If other, please list: \_\_\_\_\_

Email Address (**REQUIRED**): \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Primary contact:**       Work       Home

**Directory Information Release** (*please select all to apply*):

Work Address       Work Phone       Work Fax       Email Address

**Language of Preference:**       French       English

**Areas of Practice:**

<input type="checkbox"/> IMEs	<input type="checkbox"/> Insurance Medicine
<input type="checkbox"/> MRO	<input type="checkbox"/> Consultant to Corporations - On-site
<input type="checkbox"/> Disability Management	<input type="checkbox"/> Consultant to Corporations - On retainer
<input type="checkbox"/> Return to Work	<input type="checkbox"/> Occupational Medicine teaching
<input type="checkbox"/> Occupational Respiriology	<input type="checkbox"/> Industrial hygiene
<input type="checkbox"/> Occupational Dermatology	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Occupational Psychiatry	<input type="checkbox"/> Drug testing
<input type="checkbox"/> Marine Medicine	<input type="checkbox"/> Infection Control
<input type="checkbox"/> Aviation Medicine	<input type="checkbox"/> Travel Medicine
<input type="checkbox"/> Military Medicine	<input type="checkbox"/> Chronic Pain

I wish to receive the weekly e-newsletter "Occ Doc Talk":       Yes       No

I wish to receive information about the Annual Conference:       Yes       No

# Application for Membership

## Canadian Anti-Spam Legislation (please initial)

\_\_\_\_\_ I provide my express consent to being contacted, including by email and by other electronic communications, by the Occupational and Environmental Medical Association of Canada (OEMAC), and third parties, such as third parties we engage to help us manage OEMAC's affairs, for purposes related to my membership with OEMAC.

\_\_\_\_\_ I provide my express consent to being contacted, including by email and by other electronic communications, by OEMAC, and third parties who offer goods and services which we believe may be of interest to you, as a member of OEMAC, about goods, services and other promotions offered by OEMAC, and these third parties.

## Member Benefits:

Membership in OEMAC offers physicians the opportunity to join occupational and environmental colleagues across Canada in a cooperative knowledge-sharing capacity, and obtain a variety of benefits and services.

Benefits include:

- "Occ Doc Talk", an electronic newsletter of current articles and studies in occupational and environmental medicine.
- A reduced registration rate at the Annual Scientific Conference
- Access to a searchable database of Conference presentations.

## Annual Membership Fees:

*Membership based on the calendar year, January 1 to December 31*

- |   |  |
|---|--|
| <input type="checkbox"/> Active Member  | Annual fee of \$334.75 plus taxes                |
| <input type="checkbox"/> Student Member | Free as long as proof of student status provided |

Invoice amounts including Provincial taxes:
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AB, BC, MB, NT, NV,	
QC, SK & YK (5% GST) =	\$351.49
ON (13%HST) =	\$378.27
PEI, NL & NB (15% HST) =	\$384.96

Payment by →  Visa       MasterCard       Amex       Cheque (enclosed)  
 Special consideration (Foundation Course students)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, authorize the Occupational and Environmental Medical Association of Canada to charge the amount of \$ \_\_\_\_\_ for membership to my credit card.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

## Application for Membership

I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.

A fee \$25.00 will be charged for NSF cheques. If credit card transaction is declined because the credit card line has reached its “spending limit”, then a fee of \$10.00 will be charged for each declined credit card transaction.

**Form can be emailed to [info@oemac.org](mailto:info@oemac.org) or mailed to  
OEMAC, Suite 503, 386 Broadway, Winnipeg, MB, R3C 3R6**

For Office Use Only:

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Welcome: \_\_\_\_\_