

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 \$350.00 plus taxes |
| <input type="checkbox"/> Student Member | Free as long as proof of student status provided |

Invoice amounts including Provincial taxes:

AB, BC, MB, NT, NV,	
QC, SK & YK (5% GST) =	\$367.50
ON (13%HST) =	\$395.50
PEI, NL & NB (15% HST) =	\$402.50

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

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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 or mailed to
OEMAC, Suite 503, 386 Broadway, Winnipeg, MB, R3C 3R6**

For Office Use Only:

Date Received: _____ Date Approved: _____ Payment Received: _____ Welcome: _____