



2010 ANNUAL REGISTRATION NOTICE OF RENEWAL

DEADLINE: Wednesday, March 31, 2010

Bylaw section 41(1): If a registrant fails to pay an annual renewal of registration fee on or before March 31, he or she must cease to be registered unless the Board otherwise directs.

OFFICIAL NOTICE ONLY COPY

Invoice Date: March 15, 2010
GST Registration No.: R896 764 263

Please verify the information below and make any necessary changes:

Home Address:

Home Tel:
Home Fax:
Email:

Business Address:

Bus Tel :
Bus Fax:

Current Membership Information:

Registration No.: _____

Category: _____

2009/10 Annual Fees:

Renew by March 31, 2010	Late Renewal after April 1, 2010
<input type="checkbox"/> Optician \$350.00 + \$17.50 GST = \$367.50	<input type="checkbox"/> Optician \$455.00 + \$22.75 GST = \$477.75
<input type="checkbox"/> Contact Lens Fitter Optician \$400.00 + \$20.00 GST = \$420.00	<input type="checkbox"/> Contact Lens Fitter Optician \$522.50 + \$26.13 GST = \$548.63
<input type="checkbox"/> Non-Practicing \$175.00 + \$8.75 GST = \$183.75	<input type="checkbox"/> Non-Practicing: \$218.75 + \$10.94 GST = \$229.69
<input type="checkbox"/> Optician & Student Contact Lens Fitter \$400.00 + \$20.00 GST = \$420.00	<input type="checkbox"/> Optician & Student Contact Lens Fitter \$548.75 + \$27.44 GST = \$576.19

Change of Status: To change status, please submit the appropriate *Change of Status* form and the supporting documents with this renewal notice. Visit Resource Room on www.cobc.ca or ask the College for the form.

Payment Method: Visa Money Order
 MasterCard Cheque

Total Amount: \$ _____

Card #: _____ - _____ - _____

Expiry Date: ____ / ____

Cardholder's Name: _____

Signature: _____

This form **must** be faxed or mailed with your payment:

College of Opticians of BC
Suite # 420 - 2025 West Broadway
Vancouver, BC V6J 1Z6
Phone: 604.278.7510
Fax: 604.278.7594

Please complete this form in its entirety
Post-dated cheques are not accepted.



For all practicing members ONLY:

I attest that I have a minimum of \$1,000,000 (1 million) professional liability insurance per occurrence. I understand that my new policy is to be forwarded to the College within one business day of expiry.

My current policy expires on ____ / ____ / ____
MM DD YYYY

Signature (required if practicing) Date

Criminal Records Review Act:

The B.C. Government revised the *Criminal Records Review Act*, and will now require record checks every 5 years:

- Dec 31, 2010: surnames beginning with K-P;
- Dec 31, 2011: surnames beginning with Q-U;
- Dec 31, 2012: surnames beginning with V-Z;
- Dec 31, 2013: surnames beginning with A-E;
- Dec 31, 2014: surnames beginning with F-J