



# Ontario Association of Osteopathy and Natural Medicine

[www.aoonm.com](http://www.aoonm.com)

## HYPNOTHERAPY

### Membership Application Form

Paste  
your photo here

#### Personal Data

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Clinic Name and Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

#### Education

Degree	University/College/Institute	Country	Year obtained

**Clinical Experience**

Position/Title	Clinic/Institute	Year
<b>Further Comments</b>		

**Liability Insurance Information**

<b>Policy Number:</b>	<b>Insurance Company:</b>	<b>Expiry date:</b>

**General Declaration**

I hereby certify that all statements I have made on this membership form are true and complete to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any membership which may be granted to me.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Reference Signature: \_\_\_\_\_

**Documentation**

Please enclose the following document with your application:

- Two passport size pictures
- Copy of diplomas obtained
- Membership Fee
  - \$500 fee for the first time applicant
  - \$200 fee for each year renewal
- Payment can be made by Visa, MasterCard, Debit, Money order, Cash or Cheque

**Mailing Address: The Ontario Association of Osteopathy & Natural Medicine**  
**11685 Yonge Street, Suite A101**  
**Richmond Hill, Ontario**  
**Canada L4E 0K7**

Telephone: 905 884 9141 Fax: 289 234 5889

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**For Office Use Only:**  
**Membership Number:**

**Date Issued:**