

## **Ontario Association of Osteopathy and Natural Medicine**

www.oaonm.com

## **Membership Application Form**

Paste your photo here

<b>Personal Data</b>			
Last Name:	F	irst Name	
Date of Birth		ace of Birth:	
Home Address			
Clinic Name and	d Address:		
Home Phone:		Clinic Phone:	
Cell Phone:	·	Fax:	<u> </u>
Email:		Website:	
Education			
Degree	University/College/Institute	Country	Year obtained

Policy Number: Insurance Company: Expiry date:  General Declaration  Thereby certify that all statements I have made on this membership form are true and complete to the best of my know 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:	Th	OIL 1 TO 11	V
Liability Insurance Information  Policy Number: Insurance Company: Expiry date:  General Declaration  Thereby certify that all statements I have made on this membership form are true and complete to the best of my know 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:	Position/Title	Clinic/Institute	Year
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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 330 Hwy & East, Suite 305 Richmond Hill, Ontario Canada L4B 3P8  Telephone: 905 707 9141	·		
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**Date Issued:**