



Ontario Association of Osteopathy and Natural Medicine

www.aoonm.com

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 |
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| Clinical Experience |
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| Position/Title | Clinic/Institute | Year |
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| Further Comments | | |

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| Liability Insurance Information |
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|----------------|--------------------|--------------|
| Policy Number: | Insurance Company: | Expiry date: |
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| General Declaration |
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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: _____

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| Documentation |
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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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For Office Use Only:

Membership Number:

Date Issued: