



Ontario Association of Osteopathy and Natural Medicine

www.oonm.com

Renewal Membership Application Form

Registration Number:

Personal Data

Last Name: _____ First Name _____

Date of Birth _____ Languages Spoken : _____

Home Address _____

Clinic Name and Address: _____

Home Phone: _____ Clinic Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Clinic Information

Position/Title	Clinic/Institute	Year
Further Comments		

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: _____

Renewal Membership Fee

\$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

11160 Yonge Street, Unit 12

Richmond Hill, Ontario

Canada L4S 1H5

Telephone: 905 884 9141 Fax: 905 884 5889



For Office Use Only:

Membership Number:

Date Issued: