



Ontario Association of Osteopathy and Natural Medicine

www.aoonm.com

Renewal Membership PEDORTHICS Application Form

Registration Number:

Personal Data

PEDORTHICS RENEWAL APPLICATION

Last Name: _____ First Name _____

Date of Birth _____ Languages Spoken: _____

Home Address _____

Clinic Name and Address: _____

Home Phone: _____ Clinic Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Clinical Information – Must be up-to-date

| Position/Title | Clinic / Institute | Address | Year |
|----------------|--------------------|---------|------|
| | | | |
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| | | | |

Liability Insurance Information

| | | |
|-----------------------|---------------------------|---------------------|
| Policy Number: | Insurance Company: | Expiry date: |
| | | |

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: _____

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
13085 Yonge Street, Suite 205
Richmond Hill, Ontario
Canada L4E 3S8

Telephone: 289 234 9141 Fax: 289 234 5889

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For Office Use Only:
Membership Number:

Date Issued: