



Ontario Association of Osteopathic Practitioners

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Website: www.osteopathicboard.org Email: office@osteopathicboard.org

Membership Application Form

Contact Information:

First Name: _____ Last Name: _____ D.O.B.: _____

Home Address: _____

Phone #: _____ Fax #: _____

Alternative Phone #: _____ Email: _____

Business Name: _____

Business Address: _____

Business Phone #: _____ Business Fax #: _____

Business website: _____ Business e-Mail: _____

Professional Educations:

(mm/yy to mm/yy) Name of Institution Level of Diploma/Certificate

to

to

Professional Practice:

(mm/yy to mm/yy) Name of Employers Job Title

to

to

Your Current Professional Certificates/License, Association Membership:

(mm / yy to mm/ yy) Name of certificates, licenses and other associations membership

to

to

to

Payment Option

Chuque Cash Credit Card Debit

Name on Card: Credit Card #:

Expire Date: Signature:

To the best of my knowledge, I certify that the information I provided herein is correct and accurate.

I understand the registration and membership process fee is non-refundable, and annual renewal fee is required for maintaining the registry of the membership.

Name Print: _____

Signature: _____ Date: _____