



Ontario Association of Osteopathic Practitioners

7850 Woodbine Ave. Unit 233, Markham, ON L3R 0B9

Phone: (416)273-4751, Fax: (416) 273-1810

Email: office@osteopathicboard.org

Membership Application

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 Education:

(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

Professional Certificate/License/Membership :

(mm / yy to mm/ yy)

Name of certificates, licenses and other associations membership

to

to

to

Check List for The Application:

- The completed Membership Application form
- Photocopies of your diplomas, professional licenses or certificates, etc.
- One passport-size photos (which will be on your profile)
- Membership evaluation and registration fee payable to OAOP

Payment Option

Cheque

Cash

Credit Card

Debit

Name on Card:

Credit Card #:

Expire Date:

Signature:

To the best of our knowledge, I certify that the information I provided herein is correct and accurate. I swear to support the bylaws and policies, as they are now and as they may be amended.

I certify that I am currently an osteopathic manual practitioner. I swear to abide by the association's Code of Ethics (www.osteopathicboard.org/code_of_ethics.html). I understand that my continued membership is depend on my asherence to the code.

I understand that my application is subject to the approval of the Board of Directors of the associaion and that I will be notified of the decision.

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 :

[Print Form](#)

[Email Form](#)