



2008 OAO MEMBERSHIP FORM

Please fill out **ALL the information** indicated on this form. It is important that the OAO has full, up to date information on all members.

Application includes membership to the Canadian Federation of Osteopaths (CFO).

Please email Katharine Liberatore at membership@osteopathyontario.com with any questions, concerns or information changes or call **1.866.250.4827**

Fee on or before January 1st:	\$1500.00
Fee after January 1st:	\$1650.00
Student fee due January 1st:	\$200.00

MEMBERSHIP INFORMATION

Home Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Office/Clinic Information

Clinic Name: _____

Address: _____

Work/Clinic: _____

Fax: _____

Do you currently carry **Osteopathic Liability Insurance**? Yes No

If yes, with which carrier? _____

Have you ever been investigated for, or disciplined by, a licensing authority for fraudulent activities or impersonating another professional? Yes No

List your **Continuing Education** in the past year:

Have you been receiving the **International Journal of Osteopathic Medicine (IJOM)**?
Yes No

If no, to which address would you like to receive the journal: **home** or/ **clinic** address?

WEBSITE INFORMATION

All graduates must be listed on the OAO website for verification of membership with insurance companies.

You may also wish to have more information added to the website for clients to find and/or contact you. Would you like your clinic number and main intersection listed on the website (for graduates only)? Yes No

If yes, please indicate the following for posting on the website:

City/Town: _____

Closest Major Intersection: _____

Phone Number: _____

PAYMENT INFORMATION

Payments (for graduates) can be in one of two ways:

Plan A: one time payment (\$1500)

Plan B: Three installments (totaling \$1500 + \$50 administrative fee)

Please postdate cheques for:

November 1st: **\$500**

January 1st: **\$550**

March 1st: **\$500**

*Please make cheques payable to the **OAO**.*

Complete and mail this form with your payment to the OAO. Mail to address below.

*Please ensure your **name** is on the cheque.*

*Note there will be a **\$25 fee per cheque for Non Sufficient Funds (NSF)***

Amount Enclose/Submitted (please circle): \$1500 \$1550 \$1650 \$200

Date Today: _____ Signature: _____

Please send cheques and membership forms to:

**OAO
c/o Katharine Liberatore
349 Spring Gate Blvd.
Thornhill, ON
L4J 3C2**

Thank you for your 2008 membership application to the OAO