



Ontario Society of Chiropractors

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STUDENT MEMBERSHIP FORM

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ E-MAIL: _____

YEAR OF GRADUATION: _____

MEMBER STATUS: NEW MEMBER RENEWING MEMBER

Do you give permission to the OSC to share your information with suppliers / advertisers? Yes No

MEMBERSHIP FEES

MEMBERSHIP RUNS FOR ONE YEAR FROM THE DATE OF APPLICATION

STUDENT **No Charge** (sign up is required)

Please return completed Membership form to:

ONTARIO SOCIETY OF CHIROPODISTS

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