



Ontario Society of Chiropractors
6519-B Mississauga Rd, Mississauga, ON L5N 1A6
www.ontariochiropracist.com
Tel: 905-567-3094 Fax: 905-567-7191
info@ontariochiropracist.com

MEMBERSHIP APPLICATION FORM

FIRST NAME:	LAST NAME:	<input type="radio"/> D.Ch. <input type="radio"/> S.R.Ch. <input type="radio"/> D.Pod.M.
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Please check preferred address for OSC mailings	<input type="radio"/> HOME	<input type="radio"/> WORK
Do you do home visits:	<input type="radio"/> Yes	<input type="radio"/> No
Do you give permission to the OSC to share your information with suppliers / advertisers?	<input type="radio"/> Yes	<input type="radio"/> No
YEAR OF GRADUATION:		

PLEASE COMPLETE THE FOLLOWING ADDRESS INFORMATION – PLEASE NOTE THAT YOU MUST PROVIDE AT LEAST ONE VALID E-MAIL ADDRESS SO THAT AN ONLINE ACCOUNT CAN BE CREATED FOR YOU. ACCOUNT LOGIN DETAILS WILL BE E-MAILED TO THE ADDRESS YOU PROVIDE.

HOME ADDRESS (Optional):

STREET ADDRESS	
CITY	PROVINCE
POSTAL CODE	TELEPHONE NUMBER (area code)
E-MAIL (REQUIRED)	

WORK ADDRESS 1: Would you like this address listed on the website? Yes No.

POSITION		
PRACTICE		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER (area code)	FAX	
E-MAIL (REQUIRED)		

WORK ADDRESS 2: Would you like this address listed on the website? Yes No.

POSITION		
PRACTICE		
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE NUMBER (area code)	FAX	
E-MAIL (REQUIRED)		

If you have additional clinic sites you would like listed on the website please list them on a separate piece of paper.

Please see reverse for fees

OSC MEMBERSHIP FEES

MEMBERSHIP IS VALID FOR ONE YEAR FROM THE DATE YOU JOIN OR ONE YEAR FROM YOUR RENEWAL DATE ON FILE

- FULL MEMBER **\$400.00** + \$52.00 HST = **\$452.00**
- 1st Year GRAD **\$200.00** + \$26.00 GST = **\$226.00**
- 2nd Year GRAD **\$300.00** + \$39.00 HST = **\$339.00**

PAYMENT OPTIONS: (Please select your preferred option below)

- Full payment by: Cheque (enclosed) Visa/Mastercard (sign VISA AUTHORIZATION below)
- Instalments (**credit card only** - billed monthly to the credit card provided below; sign VISA AUTHORIZATION below)

Payment Schedule:	Full	2nd Year Grad/OOP	1st Year Grad
	\$ 43.32 per month for 12 equal payments	\$ 33.90 per month for 12 equal payments	\$ 24.48 per month for 12 equal payments

INSTALMENT POLICY:

Please note that if you elect to pay by instalments we will set up a recurring payment that will charge your credit card on the same day each month for the next 12 months. It is your responsibility to keep the OSC updated with any new or changed credit card information. If payment is declined due to an expired card or other instance beyond our control the OSC will levy a \$5.00 administration charge per declination to correct the payment schedule. If two or more consecutive payments are declined your membership will be terminated until full payment of the outstanding yearly fee is received.

Please note that the above monthly fees each include a \$5.00 plus HST per month administration fee.

VISA/MASTERCARD AUTHORIZATION:

I authorize the Ontario Society of Chiropractors to process the credit card provided below for the full yearly dues amount (if full payment option selected above) or 12 equal monthly payments according to the schedule above for membership dues with the Society. I acknowledge that by signing below I have read and understand the Instalment Policy outlined above.

Please bill my VISA/MASTERCARD # _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Please return completed Membership form with payment to:

ONTARIO SOCIETY OF CHIROPODISTS
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