

NOVA SCOTIA ASSOCIATION OF OSTEOPATHS

MEMBERSHIP APPLICATION/RENEWAL FORM

Registered Osteopaths: **\$500.00**
\$250 if joining after July 1/10 or if new graduate

MAKE CHEQUES PAYABLE TO
Nova Scotia Association of Osteopaths (no post-dated cheques please)

COMPLETE THIS FORM AND MAIL TO:
Nova Scotia Association of Osteopaths
c/o Julie Sainsbury
6247 Jubilee Rd Halifax, NS, B3H 2G4

Please complete this form and mail it along with your payment.

Checklist:

- Completed form
- Copy of OAO membership certificate (including OAO #)
- Proof of malpractice/liability insurance
- Copy of previous certification / qualifications (including RMT / PT / BSc)
- Payment (Please ensure **your name** is on the cheque, if clinic cheques are used)

Name: _____

Address: _____

Osteopathic School: _____

Year of graduation _____

Other degrees or certifications _____

Memberships (& #) in other Professional Associations _____

Clinical Practice Hours in previous year _____

(please include a copy of OAO Continuing education hours if OAO member)

Work Address (include clinic name if applicable):

Phone: Home: _____ Work: _____

Email: _____ Fax: _____

Do you wish to be included on our website ? _____

I certify that the above information is correct.

Name of Applicant / Member _____ Date _____