



MEMBERSHIP CONTRACT 2012

Declaration: I hereby apply for membership in the Ontario Association of Naturopathic Doctors (OAND) and submit my Membership Application 2012 form (and associated forms, if applicable) for consideration. I confirm that all information I have submitted is accurate.

I understand and agree to the following conditions of OAND membership:

- I must pay my annual dues in full in order to maintain my membership with the OAND.
- Non-payment of dues will result in termination of my membership by the OAND.
- The OAND charges a \$30 processing fee for every cheque and/or credit card payment that is unsuccessful due to, but not limited to, insufficient funds, expired cards, and declined cards, and I agree to pay this fee as applicable.
- It is my responsibility to notify the OAND when my credit card or banking information changes. Failure to do so, resulting in an unsuccessful membership payment, will incur the \$30 processing fee which I agree to pay.
- I understand that if I wish to cancel my OAND membership, one month's written notice is required.
- I agree with all membership requirements as contained in the OAND Membership Policy.

By signing below, I am applying for membership with the OAND as a Professional Member for the 2012 membership year and agree to abide by the conditions listed above.

Member Name: _____

Signature: _____

Date: _____

For Those Joining the Auto-Renewal Plan:

I have opted to join the Auto-Renewal Plan by marking the appropriate selection as my method of payment on my Membership Application 2012 form. I understand that my membership in the OAND will continue indefinitely (and that my membership dues will be charged to my credit card on the 1st of each month), until such time that I provide a minimum of one month's written notice to the OAND, advising of my membership cancellation or of my desire to change to a different method of payment. I understand that I will be informed in writing by the OAND of my annual dues each year, prior to auto-renewal of my membership.

Member Name: _____

Signature: _____

Date: _____

Privacy Policy: Your privacy is important to the OAND. The OAND office collects and uses your personal contact information for administrative purposes in order to manage membership, benefits and insurance administration, and to send you information relating to the profession and the activities of the OAND. We may share your name and personal contact information with the OAND as part of membership administration. We do not share your personal contact information with any third parties without permission.

**PLEASE COMPLETE ALL FIELDS OF THIS APPLICATION AND RETURN YOUR COMPLETED FORM(S) WITH PAYMENT TO:
OAND, 789 Don Mills Road, Suite 603, Toronto, Ontario, M3C 1T5 / Fax: 416-233-2924**