



MEMBERSHIP APPLICATION FORM 2012

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 / T: 416-233-2001 / F: 416-233-2924 / E: info@oand.org

PRINT CLEARLY USING BLOCK LETTERS OR TYPE:

Name (Last): _____ Name (First): _____
 Please list all designations: ND, _____ * ND Registration #: _____
 College (of naturopathic medicine) attended: _____
 Year of Graduation (from above college): _____ Number of years in practice (as an ND): _____
 Date of Birth (optional): _____
 Please list all other degrees and faculties of study (e.g. PhD Biology; MD Germany): _____
 Gender: Female Male

* Important note regarding ND Registration Number: Your membership in the OAND will be considered “pending” until your ND Registration Number is received by the OAND (mandatory for all professional members). If you are unable to provide your ND Registration # on this form, you must complete an Acknowledgment of Pending Membership form and submit it with this completed form (please see the form for full details regarding your obligations as a Pending Member and the restrictions on your benefits of membership as a Pending Member).

Personal Contact Information

Address: _____
 Apt # _____ City: _____
 Province: _____ Postal Code: _____
 Home Phone: _____ Cell Phone: _____
 Personal Email: _____

Your privacy is important to the OAND. The OAND office collects and uses your personal contact information for administrative purposes in order to manage your 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 CAND as part of membership administration. We do not share your personal contact information with any other third parties. For more information, please visit our website at www.oand.org.



Primary Practice Contact Information

Clinic Name: _____

Address: _____

Suite # _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Nearest Major Intersection: _____

Practice Days/Hours: _____

Wheelchair Accessible? YES NO

Accepting New Patients? YES NO

Second Practice Contact Information

Clinic Name: _____

Address: _____

Suite # _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Nearest Major Intersection: _____

Practice Days/Hours: _____

Wheelchair Accessible? YES NO

Accepting New Patients? YES NO

Additional Practice Contact Information

If you would like to provide us with contact information for additional practices (for inclusion in our referral database), please attach a separate sheet including the same details as above.

Communication Preferences

Please indicate your preferred email address for **EMAIL** communications from the OAND:

- Personal Email Primary Clinic Email

In an effort to reduce paper waste, the OAND makes every effort to use paperless methods of communication whenever possible. However, there are still some communications that will be sent from our office by mail (in particular, the *PULSE*, our quarterly newsletter). Please indicate which mailing address you would like us to use for **POSTAL MAIL**:

- Home Address Primary Clinic Address

All OAND Members (with the exception of Student, Pending, Associate and Retired Members) who have provided us with their ND Registration Number are eligible to have their practice information listed in our referral database (online referrals through our "Find an ND" link, as well as telephone requests for referrals at the OAND office). Please confirm whether or not you would like to have your clinic information (as listed above, as well as on attached pages for additional clinics) published in our referral database in 2012:

- YES, please include my clinic details in the referral database
 NO, please do NOT include my clinic details in the referral database

Important: In order to ensure you receive your annual renewal package, your *PULSE* mailing, and regular member updates, please contact the OAND immediately with any changes to your contact information over the course of the year.

Media, Public Education and Community Involvement Opportunities

The OAND helps members market their practices and naturopathic medicine to the media, public and government. The OAND connects members with promotional events and media opportunities in their communities and provides promotional aids where needed, such as a tradeshow banner and promotional materials. Would you be interested in participating in such opportunities in your area?

- YES – I am interested in promotional events
 YES – I am interested in speaking to local media
 YES – I am interested in being a public speaker

The OAND publishes a quarterly professional newsletter - the *PULSE*. We are always looking for member NDs to write articles for this publication, the public section of the OAND website and magazines/journals looking for NDs to submit articles to their publications.

Are you interested in writing about naturopathic medicine?

- YES – I am interested
 NO – I am NOT interested

What are the specific areas of naturopathic medicine in which you have experience and/or an interest in speaking/writing?

Where applicable, please list the names of any boards on which you currently sit:

Payment Details

Please indicate your preferred method of payment. Note: if you are applying for a new membership after January 2012, your membership dues will be pro-rated to correspond to your month of joining. Membership fees must be paid for the current month (your "month of joining") through December 2012. Your membership will expire on December 31, 2012, regardless of your join date.

Payment by Credit Card

I hereby authorize the OAND to charge my credit card for my membership dues, as indicated below, and acknowledge that I must provide one month's written notice in order to cancel my membership:

- AUTO-RENEWAL PLAN** at a savings of \$5 per month (to be processed on the 1st of each month with first payment processed upon receipt of application this month; you will be notified in writing of your annual dues prior to auto-renewal each year; by signing below, you are joining the Auto-Renewal Plan, which will allow your membership in the OAND to be renewed automatically each year unless/until you cancel your membership)
- Monthly Payments (payment for current month will be processed upon receipt of your application; subsequent payments will be processed on the 1st of each month, starting next month through December 1, 2012)
- Single Payment (payment will be processed upon receipt of your application)

Credit Card Number: _____

Name on Card: _____

Expiry Date: _____

Signature: _____

Date: _____

Payment by Cheque

I hereby enclose payment for my membership dues (payable to "OAND"), as indicated below, and acknowledge that I must provide one month's written notice in order to cancel my membership:

- Single Payment (one cheque dated today)
- Monthly Payments (one cheque dated today for current month's dues, along with a series of post-dated cheques dated for the 1st of each month starting next month through December 1, 2012)

Signature: _____

Date: _____

MEMBERSHIP CATEGORY

Please select the membership category which applies to you (please refer to the enclosed Membership Fee Schedule for a full outline of membership categories & dues).

Membership Category: _____

Membership Dues: _____

- ✓ Please complete this form in its entirety.
- ✓ Please complete the attached Membership Contract.
- ✓ If applicable, please complete an Acknowledgement of Pending Membership Form (if you have not provided your ND Reg #).
- ✓ If applicable, please complete a Special Status Declaration Form (for Part-Time and Associate membership categories).
- ✓ If you have an existing practice, please complete a Practice Referral Survey to help us provide you with the best referrals possible.
- ✓ Return all completed forms to OAND by mail or fax (see page 1 for address and fax number).

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OAND, 789 Don Mills Road, Suite 603, Toronto, Ontario, M3C 1T5 / Fax: 416-233-2924**



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.

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MEMBERSHIP POLICY & FEES 2012

For the complete version of the OAND Membership Policy, including descriptions of membership categories, please visit the OAND website at www.oand.org.

All registered Naturopathic Doctors are eligible to be voting members of the OAND. Students registered at a recognized naturopathic educational institution are eligible to be non-voting members of the OAND.

Membership Category	Single Payment (annual dues by cheque or credit card - no admin fee)	12 Monthly Payments (monthly cheque / credit card pmts - includes admin fee)	Auto-Renewal Plan (ongoing monthly credit card payments - no admin fee)
Active Full Member	\$1111.44 + HST (\$1255.93)	\$97.38 + HST (\$109.66)	\$92.62 + HST (\$104.66)
Active 2nd Year Practitioner	\$500.04 + HST (\$565.05)	\$46.43 + HST (\$52.09)	\$41.67 + HST (\$47.09)
Active 1st Year Practitioner	\$252.00 + HST (\$284.76)	\$25.76 + HST (\$28.73)	\$21.00 + HST (\$23.73)
Active Part-Time Practitioner Includes those practicing and/or employed on the basis of your qualifications (e.g. CCNM teaching or clinical staff) fewer than 16 hrs / week.	\$822.84 + HST (\$929.81)	\$73.33 + HST (\$82.48)	\$68.57 + HST (\$77.48)
Associate Member Includes those licensed or registered as an ND in a jurisdiction other than Ontario; or registered in Ontario, but neither practicing nor employed as an ND for the year in question (i.e. maternity or sabbatical leave).	\$322.80 + HST (\$364.76)	\$31.67 + HST (\$35.40)	\$26.90 + HST (\$30.40)
Retired Member	\$322.80 + HST (\$364.76)	\$31.67 + HST (\$35.40)	\$26.90 + HST (\$30.40)

Important: All membership dues are subject to 13% HST. The membership year is January 1st to December 31st annually. All memberships expire on December 31st, regardless of when they commenced. If you apply for a new (first-time) membership after January, your membership dues will be pro-rated for the remainder of the year to correspond to your month of joining. If we are unable to process your credit card payment for any reason, or if your cheque payment is returned NSF, you will be charged a \$30.00 processing fee. Please keep us informed when your credit card details change, including your expiry date. Should you wish to cancel your membership, thirty (30) days' written notice is required. Non-payment of membership dues will result in termination of membership.