

Application to register for FREE 2021 Student Affiliateship with the Ontario Association of Naturopathic Doctors.

*Name (Last):	*Name (First):
Please list all other degrees (e.g. PhD Biology; MD Germany): _	
Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.	
Address:	
Apt #:	City:
Province:	Postal Code:
Home Phone:	Cell Phone:
*Personal Email:	
Year of Graduation:	
share your personal contact information with any other third parties. For more in TERMS & CONDITIONS:	nformation, please visit our website at www.oand.org
CCNM Students are eligible for FREE OAND AFFILIATESHIP through membership, you must complete this form and provide contact informa	
You will receive a welcome email from the OAND with your login information about what your affiliateship is all about.	nation for the members' only section of the website and some
You agree to contact us as soon as you receive your ND Registration I system; at that time, your status will change from "Pending" to "Profess will then be entitled to full benefits of membership (including member depresentation by the OAND). Affiliates are not eligible to vote.	sional Member" (Active 1st Year Practitioner category) and you
By signing below, I hereby apply for my FREE affiliate ship with	the OAND and I accept the above terms and conditions:
Signature:	Date: