

MEMBERSHIP APPLICATION FORM 2018

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).

By completing this form for Association membership, I hereby agree to comply with the objectives of the Association, by-laws and articles, regulations, requirements, codes and standards; agree to pay my dues to the Association; and be approved by resolution of the board. I understand that these requirements for membership are continuing requirements which must be met in order to maintain my membership.

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 **E-MAIL** 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 "Looking for 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 2015:

- 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 2018, 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 2018. Your membership will expire on December 31, 2018, 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, 2017)
- Single Payment (payment will be processed upon receipt of your application)

Credit Card Number: _____

Name on Card: _____

Expiry Date: _____

CVC: _____

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, 2018)

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 the OAND by mail or fax (see page 1 for address and fax number).

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MEMBERSHIP POLICY & FEES 2018

FEE SCHEDULE			
Membership Fee Category	Single Payment (annual dues by cheque or credit card - no admin fee)	12 Monthly Payments (monthly cheque / credit card payments - includes admin fee)	Auto-Renewal Plan (ongoing monthly credit card payments - no admin fee)
Active Full-Time Practitioner	\$999.00 + HST (\$1128.87)	\$88.25 + HST (\$99.72)	\$83.25 + HST (\$94.07)
Active Part-Time Practitioner ND practicing fewer than 16 hrs/wk.	\$750.00 + HST (\$847.50)	\$67.50 + HST (\$76.27)	\$62.50 + HST (\$70.62)
Active 2nd Year Practitioner	\$500.04 + HST (\$565.05)	\$46.10 + HST (\$52.09)	\$41.67 + HST (\$47.09+)
Active 1st Year Practitioner	\$252.00 + HST (\$284.76)	\$25.43 + HST (\$28.73)	\$21.00 + HST (\$23.73)
Associate Practitioner ND registered in Ontario, but neither practicing nor employed as a ND for the year in question (e.g. maternity, paternity or sabbatical)	\$322.80 + HST (\$364.76)	\$31.33 + HST (\$35.40)	\$26.90 + HST (\$30.40)
Affiliateship Fee Category	Single Payment	12 Monthly Payments	Auto-Renewal Plan
Non-Ontario Practitioner ND who is licensed or registered in a jurisdiction other than Ontario	\$322.80 + HST (\$364.76)	\$31.33 + HST (\$35.40)	\$29.60 + HST (\$30.40)
Retired Practitioner A retired ND (not working as a ND), who is 65+ years of age and has been a member of OAND for 10 years preceding their retirement	No Fees Due		
Naturopathic Medicine Students Those enrolled full-time at a recognized school of naturopathic medicine & graduates who are not yet registered as a ND with CONO	No Fees Due		
Honorary Affiliates Non-NDs who distinguish themselves in service to the Association/its objectives.	No Fees Due		
Supporting Affiliates Organizations that distinguish themselves in service to the Association/its objectives.	No Fees Due		

Important: Fees are subject to change. All dues are subject to 13% HST. The membership year is January 1 to December 31 annually. All memberships expire on December 31, regardless of when they commenced. For new memberships starting after January, dues will be pro-rated to correspond to your month of joining.