



187 Madison Avenue Toronto, Ontario M5R 2S6  
 acooffice@sympatico.ca  
 www.aco-web.com  
 T: 416-929-5888  
 F: 416-929-6606

## Acupuncture Council of Ontario MEMBERSHIP RENEWAL FORM

THIS FORM MUST BE COMPLETED AND RETURNED BY MAIL OR FAX WITH YOUR PAYMENT.

PERSONAL INFORMATION			
ACO Member #	First Name	Last Name	Middle Initial
Address - Office		City/Town	Postal Code
Address - Mailing (if different from office)		City/Town	Postal Code
Telephone - Home	Telephone - Business	Fax	e-mail Address

PROFESSIONAL MEMBERSHIPS	
<input type="checkbox"/> OCA/CCA <input type="checkbox"/> CMCC <input type="checkbox"/> CCO <input type="checkbox"/> CTCMPAO <input type="checkbox"/> OTHER _____	<b>INSURANCE COVERAGE FOR NEEDLE ACUPUNCTURE</b> <input type="checkbox"/> YES - COMPANY _____ <input type="checkbox"/> NO

ACUPUNCTURE TRAINING/EXPERIENCE	
Currently practising Acupuncture on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Types of Acupuncture used:	<input type="checkbox"/> Needle <input type="checkbox"/> Electrical <input type="checkbox"/> Laser <input type="checkbox"/> Other

ACUPUNCTURE CONTINUING EDUCATION
<p>ACO by-laws (section 7.1) state that 12 hours of Continuing Education credits are required every even year to maintain membership status.</p> <p><b>For the period January 1, 2013 to December 31, 2014: (If you are a recent member consult your welcome package or call) 12 HOURS OF CONTINUING EDUCATION TRAINING IN ACUPUNCTURE MUST BE COMPLETED BY DECEMBER 31, 2014. DOCUMENTATION IS REQUIRED. Please remember to send in your Certificates of Attendance.</b></p>

DATE: \_\_\_\_\_ MEMBER'S SIGNATURE: \_\_\_\_\_

MEMBERSHIP RENEWAL FEES
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\*\*\*DEADLINE FOR 2015 MEMBERSHIP RENEWAL IS NOVEMBER 30, 2014\*\*\*

MEMBERSHIP FEES OCA MEMBERS    150.00 + 19.50 HST =    \$ 169.50	SENT AFTER DECEMBER 31, 2014:  <b>MEMBER WILL BE CHARGED LATE FEE OF \$100.00 FOR A TOTAL PAYMENT OF</b>
NON-OCA MEMBERS    200.00 + 26.00 HST =    \$ 226.00	
PLEASE MAKE CHEQUE PAYABLE TO: ACUPUNCTURE COUNCIL OF ONTARIO	OCA MEMBERS    \$ <u>269.50</u> NON-OCA MEMBERS    \$ <u>326.00</u>

PAYMENT TYPE:     CHEQUE     VISA (CARD # \_\_\_\_\_ EXPIRY:    /    )

DATE: \_\_\_\_\_ CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY			
DATE:	<input type="checkbox"/> RENEWAL APPROVED <input type="checkbox"/> RENEWAL DECLINED Reasons:	ACO#:	ACO SIGNATURE: