



187 Madison Avenue Toronto, Ontario M5R 2S6  
 T: 416-929-5888 F: 416-929-6606

### MEMBERSHIP APPLICATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH DOCUMENTATION OF ACUPUNCTURE TRAINING AND PAYMENT.

**PERSONAL INFORMATION**

First Name	Last Name	Middle Initial	
Address - Mailing	City/Town	Postal Code	
Address - Home	City/Town	Postal Code	
Telephone - Home	Telephone - Business	Fax	e-mail Address

**2 REFERENCES**

1. Name:	Telephone:
2. Name:	Telephone:

**ACUPUNCTURE TRAINING/EXPERIENCE**

Currently practising Acupuncture on a routine basis?     YES                       NO

Years of Routine Acupuncture Experience:                       5 years or more     1 – 4 years     less than 1 year

Types of Acupuncture used:     Needle                       Electrical                       Laser                       Other

**PROFESSIONAL MEMBERSHIPS**

<input type="checkbox"/> OCA/CCA <input type="checkbox"/> CMCC <input type="checkbox"/> CCO	INSURANCE COVERAGE FOR NEEDLE ACUPUNCTURE	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OTHER _____		

**ACUPUNCTURE & ACADEMIC TRAINING**

List Acupuncture College/Program attended. Include length of study in hours and date of completion:  
 Certificates/written verification of acupuncture courses must accompany this application.

List professional degree(s), diploma(s), institution(s) and year(s) of graduation:

List post-graduate/upgrade courses taken in last 2 years:

MEMBERSHIP FEES OCA MEMBERS	150.00 + 19.50 HST =	\$ 169.50	PLEASE MAKE CHEQUE PAYABLE TO: ACUPUNCTURE COUNCIL OF ONTARIO GST REGISTRATION NO. R107797193
NON-OCA MEMBERS	200.00 + 26.00 HST =	\$ 226.00	

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

DATE: \_\_\_\_\_                      APPLICANT'S SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE:	<input type="checkbox"/> APPLICATION APPROVED                      ACO #: _____ <input type="checkbox"/> APPLICATION DECLINED                      ACO SIGNATURE: _____	Reasons: _____
-------	--	----------------