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## Acupuncture Council of Ontario MEMBERSHIP APPLICATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT.

PERSONAL INFORMATION			
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

REFERENCES
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1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

ACUPUNCTURE TRAINING/EXPERIENCE
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- 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
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- OCA/CCA     CMCC     CCO                      INSURANCE COVERAGE FOR     YES - COMPANY \_\_\_\_\_
- OTHER \_\_\_\_\_                      NEEDLE ACUPUNCTURE                       NO

ACUPUNCTURE & ACADEMIC TRAINING
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\* CERTIFICATES/WRITTEN VERIFICATION OF ACUPUNCTURE COURSES MUST ACCOMPANY THIS APPLICATION. \*

Acupuncture Program	Institution	Length of study _____ hrs	Date of Completion
Professional Degree(s) & Diploma(s)			Year of Graduation
Post-graduate/upgrade course(s) taken in last 2 yrs			Date of Completion

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

MEMBERSHIP FEES OCA MEMBERS	150.00 + 19.50 HST =	\$ 169.50	PLEASE MAKE CHEQUE PAYABLE TO: ACUPUNCTURE COUNCIL OF ONTARIO
NON-OCA MEMBERS	200.00 + 26.00 HST =	\$ 226.00	

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

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

FOR OFFICE USE ONLY
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DATE:                       APPLICATION APPROVED                      ACO #:                      ACO SIGNATURE:

APPLICATION DECLINED

Reasons: \_\_\_\_\_