

Application form for the Canadian Society for the Tradition of Osteopathy

Last name:

First name:

Home address:

Postal code:

Home phone number:

E-mail address:

Work address:

Postal code:

Work phone number:

Fax number:

Formation in osteopathy:

The undersigned would like to:

- Renew his membership
- Reactivate his membership
- Become a member

Member # _____

...as

- Active member
- Student member
- Honorary member

The undersigned includes the subscription fee and hereby accepts to conform to the rules decreed in the General Regulations and in the Code of Ethics of the Canadian Society for the Tradition of Osteopathy.

Date:

Signature: