

## MEMBERSHIP APPLICATION



### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: M  F  Date of Birth: \_\_\_\_\_

Website: \_\_\_\_\_ Clinic / Business Name: \_\_\_\_\_

Home/ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite / Apt#: \_\_\_\_\_  
*Street Address Zip code/ Postal code City, State/Province, Country*

Please check ✓ if mailing address is the same as business address.

Mailing Address: \_\_\_\_\_ Suite / Apt#: \_\_\_\_\_  
*Street Address Zip code/ Postal code City, State/Province, Country*

Osteopathy College Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Membership Category & Payment

General- Manual Osteopathy Graduate ----- \$560 (\$500 plus harmonized sales tax)

I certify that I am currently an Osteopathic Manual Practitioner.

I pledge to abide by the IOA code of ethics. [https://www.internationalosteopathicassociation.org/code\\_of\\_ethics.html](https://www.internationalosteopathicassociation.org/code_of_ethics.html)

I understand that my continued membership is contingent upon my adherence to this code. I pledge to support IOA bylaws and policies. I certify that the information provided herein is complete and accurate. I understand that my application is subject to IOA approval and that I will be notified of this action.

Signature \_\_\_\_\_

Date \_\_\_\_\_