



*Le mouvement est et la Vie est mouvement!*

Société Canadienne pour la Tradition de l'Ostéopathie

## Membership Form

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Indicate the membership category to which you are subscribing:

- Active DO membership 250\$
- Student Certificate CO membership 120\$
- Student membership 100\$

\*For a description of SoCaTO membership categories, please consult articles 6 to 10 in Chapter 2 of the General regulations section, found at [www.socato.ca](http://www.socato.ca)

\*Late fees will be incurred after October 1st

### Professional Contact Info:

*This professional information is what is transmitted to the public and to insurance companies.*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_

POSTAL CODE : \_\_\_\_\_

PHONE : \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Personal Contact Info:

*This personal information is kept confidential in SoCaTO records and is only used by us to contact you.*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_

POSTAL CODE : \_\_\_\_\_

PHONE home.: \_\_\_\_\_ CELL.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Any initial membership request must be accompanied by the following information:

- Name and address of your osteopathic school;
- A scanned version of your osteopathic diploma;
- Details about any professional development training;
- Please allow seven days for the processing of your membership request.

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