Société Canadienne pour la Tradition de l'Ostéopathie

# RENEWAL FORM

**(include updating information to keep your SoCaTO records current)**

I, the undersigned, wish to renew my membership of the type:

☐ Active DO member 250$ ☐ CO member120$ ☐ Student member 100$ Year of study: _____

LAST NAME:_____ FIRST NAME: _____ MEMBERSHIP no: _____

Is your contact information on file with SoCaTO up-to-date? Please ensure so, in order to enable us to contact you, and to provide you with any necessary and important information.

## Personal Contact Info:

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

ADRESS: _____

CITY: _____PROV.:_____

POSTAL CODE : _____

PHONE home.:_____CELL.:_____

EMAIL: _____

## Professional Contact Info:

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

ADRESS: _____

CITY: _____PROV.:_____

POSTAL CODE : _____

PHONE :_____

EMAIL: _____

## LIABILITY INSURANCE

SoCaTo reminds you that is required that you hold professional liability insurance.

## PROFESSIONAL DEVELOPMENT

SoCaTO requires their members to complete 30 hours of professional development courses every two years.

| DATE | COURSE TITLE | HOURS |
|---|---|---|
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