



Membership or Renewal form

Date: ___ / ___ / ___

Part A – Personal Information

First name :

Last name :

Phone number :

Cell
phone
number :

Personal email :

Home address:

Part B –Type of Membership

Osteopath*

Student

*Handling fee of \$75 to examine an osteopathic practitioner's file.

Part C – Academic information

Name of
institution:

Address :

City :

Postal code :

Province :

State :

Year of
graduation:



Part D –Professional Information

Clinic name 1 : _____

Address : _____

City : _____ Postal code : _____

Province : _____ State : _____

Professional phone number: _____ Professional e-mail: _____

Clinic name 2 _____

Address: _____

City: _____ Postal code: _____

Professional phone number: _____ Professional e-mail: _____

Have you ever been a member of an association ?

Yes

No

Have you ever been expelled from an association ?

Yes

No

Have you ever received a complaint, been sued or convicted of an offence in Canada or elsewhere?

Yes

No

* I confirm that I have read and agree to abide by the [Socato General Regulations](#).

* I confirm that I have read and agree to abide by [Socato's Code of Ethics](#).

* The General Regulations and Code of Ethics are available on the Socato website, under the Socato tab.



Part E – Protection of personal information

Protecting your personal information is important to Socato. I understand that :

The personal information provided for this membership application will be used exclusively for the analysis of my application and will under no circumstances be communicated to third parties.

If my request is refused, only my name, the reason(s) for refusal and the date of the request will be kept in our files. This is to ensure better follow-up in the event of a new request in the future, and for bank reconciliation purposes.

In order to complete your application:

- I. Fill in the Membership Form;
- II. Scan all documents necessary for your membership request and create your file titles as suggested on the [website](#);
- III. Send this Membership Form and all necessary documents to:
permanence@socato.ca ;
- IV. Send an *Interac* transfer for the amount of \$75 if you are an osteopath at permanence@socato.ca. The answer to the security question must be: Socato. If you are a student, there is no charge.