



Membership or Renewal form

Date : __/__/__

Part A –Therapist Personnel Information

First name : _____

Last name : _____

Phone number : _____ Cell : _____

Personal email : _____

Mailing address: _____

Part B –Type of Membership

Osteopath* ☐ Student ☐

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

Part C – Schooling information

Name of
Institution: _____

Address : _____

City : _____

Postal code : _____

Province : _____ State : _____

Year of
graduation: _____

Part D –Therapist Professional Information

Clinic name : _____

Address : _____

City : _____ Postal code : _____

Province : _____ State : _____

Have you ever been a member of an association ?

Yes ☐

No ☐

Have you ever been asked to leave an association ?

Yes ☐

No ☐

Have you ever received a complaint, been sued or found guilty by a judge?

Yes ☐

No ☐

*By completing this forms, you are confirming that you have read Socato's General Regulation, and our Code of ethic of Socato (see *Historical* section on website) and that you endeavor to adhere to them.

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:
info@socato.ca ;
- IV. Send an *interac* transfert to info@socato.ca for \$75 if you are osteopath, use answer: Socato . There is no charge for processing if you are student.