



2011 Membership Application Form

Title: _____ Last Name: _____ First Name: _____

Mailing Address: _____

City/Prov/Postal Code: _____ / _____ / _____

Email: _____

Check here to receive all future correspondence by email only

Bus Phone: (____) _____ Home Phone (optional): (____) _____

Fax Number: (____) _____ Date of birth: (mm/dd/yy) ____/____/____

PROFESSIONAL APPOINTMENTS:

Institution	Position

PRIVATE PRACTICE: Y N

HOSPITAL BASED: Y N

RESIDENT: Y N If yes, year of residency _____

FRCPC Certification in Psychiatry: Y N Date: ____/____/____

I confirm that I am a psychiatrist in good standing with the College of Physicians and Surgeons of Ontario. I agree to promptly inform the OPA if my status changes.

Signature: _____

SECTION MEMBERSHIP: (Please indicate if you would like to be a member of one or more sections)

- Child & Adolescent Consultation Liaison Community
- Psychogeriatrics Psychotherapy Residents
- ACT

MEMBERSHIP CATEGORY: (please indicate one)

	DUES	HST	TOTAL
Full Member <input type="checkbox"/>	\$281.00	\$36.53	\$317.53
Full Member ECP 1* <input type="checkbox"/>	\$51.89	\$6.74	\$58.63
Full Member ECP 2** <input type="checkbox"/>	\$102.83	\$13.34	\$116.17
Associate Member <input type="checkbox"/>	\$97.17	\$12.63	\$109.80
Member-In-Training <input type="checkbox"/>	0.00	0.00	0.00

* ECP1= Early Career Psychiatrist - first year ** ECP2= Early Career Psychiatrist - second year

PAYMENT METHOD:

VISA MasterCard AMEX Name of Card Holder (printed): _____

Card #:

Expiry Date: / (Credit Card transaction will appear on statement as BB&C Management)

Cheque (Please make cheques payable to the "Ontario Psychiatric Association")

Signature: _____

Date: _____