



2018 Membership Application Form

Title: _____ Last Name: _____ First Name: _____

Mailing Address: Business Home

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

Email: _____

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)

- Psychotherapy Addiction Psychiatry Residents

MEMBERSHIP CATEGORY: (please indicate one)

	2018 DUES	HST	TOTAL
Full Member <input type="checkbox"/>	\$295.00	\$38.35	\$333.35
Full Member ECP 1* <input type="checkbox"/>	\$50.00	\$6.50	\$56.50
Full Member ECP 2** <input type="checkbox"/>	\$100.00	\$13.00	\$113.00
Full Member ECP 3*** <input type="checkbox"/>	\$150.00	\$19.50	\$169.50
Associate Member <input type="checkbox"/>	\$100.00	\$13.00	\$113.00
Member-In-Training <input type="checkbox"/>		0.00	0.00

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

*** ECP3= Early Career Psychiatrist - third year

PAYMENT METHOD:

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

Card #: Security Code

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: _____