

Membership Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Date of Birth: ____ / ____ / ____ **Home Phone:** _____
 Month / Day / Year

Clinic Address: _____
 Primary *Street Address Unit #*

City Province Postal Code Email

Home Address: _____
 Primary *Street Address Unit #*

City Province Postal Code Email

Please only choose **one** Primary address. COMPO's primary method of communication with members will be through email.

Manual Osteopathy Education

Name of College : _____ Address: _____

Attended From: _____ To: _____ Did you graduate? YES NO Degree/Diploma: _____

Other: _____ Address: _____

Attended From: _____ To: _____ Did you graduate? YES NO Degree/Diploma: _____

Other Education – University or College

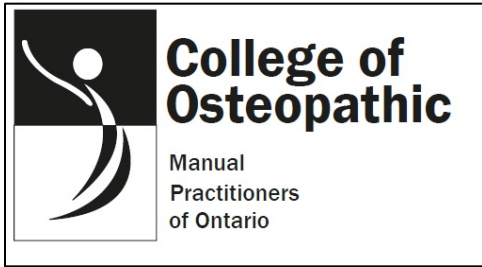
University /College : _____ Address: _____

Attended From: _____ To: _____ Did you graduate? YES NO Degree/Diploma: _____

Other: _____ Address: _____

Attended From: _____ To: _____ Did you graduate? YES NO Degree/Diploma: _____

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References

Please list one professional reference.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Criminal Convictions

Have you ever been convicted of a criminal offence?

Yes Type of offence: _____

NO I have no criminal convictions.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____