



Ontario College of Reflexology

Membership Application Form

M01-0908

Please PRINT or TYPE:

Today's Date: _____

Name:	
Address:	
City/Town:	Prov/State:
P/Zip Code:	Country:
Res. Tel#: ()	Bus. Tel#: ()
Fax Tel#: ()	Email:
Date of Birth: Month Day Year	Profession:

Chart of Membership Rates Including Newsletter Postage

✓ Please **select** desired option: (**printed newsletter** OR **electronic newsletter**)

Note: Membership Year starts in the month joined.

Please check ✓ <input type="checkbox"/> Associate <input type="checkbox"/> Student <input type="checkbox"/> OCR Certified	<input type="checkbox"/> Membership and Printed Newsletter including postage	<input type="checkbox"/> Canada - \$55.00 Cdn. <input type="checkbox"/> USA - \$65.00 Cdn. - \$65.00 US <input type="checkbox"/> International - \$75.00 Cdn. - \$75.00 US	<input type="checkbox"/> Membership and Electronic Newsletter (Internet)	<input type="checkbox"/> Canada - \$50.00 Cdn. <input type="checkbox"/> USA - \$50.00 Cdn. - \$50.00 US <input type="checkbox"/> International - \$50.00 Cdn. - \$50.00 US
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If accepted for membership in the Ontario College of Reflexology, I agree to promote and adhere to the principles and objects of the College as set forth in its By-Laws, Policy & Procedures and Code of Ethics.

Signature: _____

Please send to: Ontario College of Reflexology P.O. Box 220 New Liskeard, ON P0J 1P0 Canada Tel: (705) 647-5354 1-888-OCR-FEET (1-888-627-3338) Fax: (705) 648-6247 Email: ocr@ocr.edu *Note: Credit card payment will be processed in \$ Cdn. only.	Payment Options	<input type="checkbox"/> Cheque/M.O.	<input type="checkbox"/> VISA *
		<input type="checkbox"/> MasterCard *	<input type="checkbox"/> Amex *
	Amount:	\$ _____ <input type="checkbox"/> Cdn <input type="checkbox"/> US	
	Acct. #:	_____	
	Exp. Date:	_____	
	Name on Card:	_____	
Signature:	_____		

Office Use Only	Date Received	Amt. Paid	How Paid	Memb. #	Rec. #	Date Sent