



NMOS
NATIONAL MANUAL OSTEOPATHIC
SOCIETY

Office Use Only

Membership # INACTIVE
 Approval Date: _____
 Change Date: _____
 Rcpt: _____

INACTIVE MEMBERSHIP APPLICATION

Personal Information

First Name: _____ Last Name: _____ Initial: _____
 Personal Email: _____
 Date of Birth: (DD/MM/YYYY) _____ Gender: Male Female
 Home Telephone: (_____) _____ Cell: (_____) _____
 Home Address: _____
 City/Province: _____ Postal Code: _____

Education and Training

1. Complete the following and provide proof of completion of a recognized Manual Osteopathic Program.
 School Name: _____
 Address: _____
 Date of Graduation (DD/MM/YYYY): _____ Number of Hours _____
 Document awarded (please attach a copy):
 Certificate Diploma Other (please indicate): _____

By affixing my signature below, I attest that I am not currently practicing manual osteopathy therapy. I understand and accept that false declaration of my status will result in review by the NMOS Disciplinary Committee and that I may lose my membership and membership privileges.

Signature: _____ **Date:** _____

Application Checklist

- Completed Form
- Criminal Record Check
 *completed within the last 90 days
- Indicate Payment Method:
 - Cheque (enclosed with application)
 - Money Order (enclosed with application)
 - Credit Card

Please Note: Incomplete applications will not be processed until all information is submitted. No refunds will be given for cancellation of membership for any reason.