



**NMOS**  
NATIONAL **MANUAL OSTEOPATHIC**  
SOCIETY

Office Use Only

Membership # \_\_\_\_\_  
Approval Date: \_\_\_\_\_  
Change Date: \_\_\_\_\_  
Rcpt: \_\_\_\_\_

## FULL 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): \_\_\_\_\_
2. First Aid/ CPR for Infants and Adults  
- attach a copy of your current Standard First Aid and Level C CPR certificate  
First Aid/ CPR Expiration Date: \_\_\_\_\_

The following information will be posted on the website under “**Find a Manual Osteopath**”

### Professional Information

Business Name: \_\_\_\_\_  
Business Website: \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Personal Information Protection Act (PIPA)**

Personal information is used only for internal database purposes. In the event that a member’s residential address is also their business address, it is understood and agreed by the member, as signed below, that this information may be given out by the NMOS for business purposes only.

In order to provide and improve member services, the NMOS collects the personal and business related information contained within this application. Other than your name, city, province, membership status and the above mentioned business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the PIPA.

The signature below is to be considered as consent to the collection, use and disclosure of personal information as described. The signature below is also considered as consent for the National Manual Osteopathic Society to publish business contact information and treatment types available in various formats as required from time to time, including the Find an NMOS Professional area of the NMOS website.

**Signature:** \_\_\_\_\_

I, the undersigned, declare I have read and agree to abide by the **Code of Ethics and Standards of Practice** found @ [www.nmos.ca](http://www.nmos.ca)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, declare that the information provided and statements made in this application and any attached documents are true.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

(if you would like your application effective as soon as possible, please put **ASAP**. Effective dates cannot be before the submission of your application)

Application Checklist

- Completed Form Page 1 and 2
- Copy of Education Credentials
- Copy of current First Aid/CPR certificate
- Criminal Record Check
  - \*completed within the last 90 days
- Copy of government issued picture identification
- Indicate Payment Method:
  - Cheque (enclosed with application)
  - Money Order (enclosed with application)
  - Credit Card (you will receive an invoice from Paypal via email with further instructions for payment)
  - Email Money Transfer

**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.