



Canadian Federation of Podiatric Medicine Membership Application

Mr. _____
 Mrs. Surname
 Miss
 Ms. _____

First Name Initial

Dr. Designation

Please check one of the following:

- Chiroprapist
 Podiatrist

Address: (Business or Home Address)

Company Name

Address Suite #

City Province Postal Code

Home Phone Business Phone Business Fax

Email Address

Other Address: (if different than above for mailing purposes)

Address Suite #

City Province Postal Code

Education (All applicants must provide the information below to be considered for membership.)

Degree/Diploma/Designation Institution Date (mm/yr)

Membership Fee: \$250 + 5% GST = \$262.50

- Payment by cheque is enclosed made payable to Canadian Federation of Podiatric Medicine
- Payment in full by credit card.

Please complete credit card information:

Payment Method: Visa Master Card American Express

Credit Card Number _____ Expiration Date _____
Card holder Name _____ Amount \$ _____
Card holder signature _____ Date _____

- If paying by credit card, please renew my membership automatically.

Required Authorization

Information given on this application is accurate and complete to the best of my knowledge. I fully understand and agree that as a condition to making this application, any misrepresentations, misstatements or omissions, whether intentional or not, shall constitute cause for rejection of this application or membership.

Applicants Signature _____ Date _____

I authorize the Canadian Federation of Podiatric Medicine to contact me by the following, as provided in the application. (Please select each source. Can select one or all)

- Phone
- Fax
- Email

Applicants Signature _____ Date _____

Privacy Legislation

I authorize the Canadian Federation of Podiatric Medicine to share the following information with advertisers, public, etc.:

- Name
- Name and Primary Address
- Name, Primary Address and Email
- Not at all

Applicants Signature _____ Date _____

Please send completed application to:

Canadian Federation of Podiatric Medicine
200 King Street South
Waterloo, ON N2J 1P9

Or
Fax: 519-888-9385 if paying by credit card