



ONTARIO HOMEOPATHIC ASSOCIATION

1043 Bloor Street West, Suite 205, Toronto, Ontario, Canada M6H 1M4

STUDENT MEMBERSHIP APPLICATION

(For students from health related schools)

NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TEL: _____ FAX: _____

E-MAIL: _____

Educational Institution	Program	Degree/Diploma/Certificate	Graduation Date

Please find enclosed the following:

- Proof of enrolment/student registration
- \$50.00 (CDN) for annual dues

Note: An application package will be reviewed once **all** the above have been submitted.

Signature _____ Date: _____

FOR OFFICE USE ONLY	
Comments:	Date:
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Registration No.: