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Acupuncture Council of Ontario
MEMBERSHIP RENEWAL FORM

THIS FORM MUST BE COMPLETED AND RETURNED BY E-MAIL, FAX, or MAIL with your PAYMENT.

PERSONAL INFORMATION

ACO Member #	First Name	Last Name	Middle Initial

Address - Office	City/Town	Postal Code

Address – Mailing (if different from office)	City/Town	Postal Code

Telephone - Home	Telephone - Business	Fax	e-mail Address

PROFESSIONAL MEMBERSHIPS

☐ CCO
☐ CTCMPAO ☐ OTHER _____

INSURANCE COVERAGE FOR NEEDLE ACUPUNCTURE
☐ YES - COMPANY _____
☐ NO

ACUPUNCTURE TRAINING/EXPERIENCE

Currently practising Acupuncture on a routine basis? ☐ YES ☐ NO

Types of Acupuncture used: ☐ Needle ☐ Electrical ☐ Laser ☐ Other

ACUPUNCTURE CONTINUING EDUCATION

ACO by-laws (section 7.1) state that 12 hours of Continuing Education credits are required every even year to maintain membership status.

For the period January 1, 2021, to December 31, 2022: (Recent members pls. consult your welcome package or email us) 12 HOURS OF CONTINUING EDUCATION TRAINING IN ACUPUNCTURE MUST BE COMPLETED BY DECEMBER 31, 2022.

☐ **I consent to ACO publishing my name and contact information on the ACO website**

DATE: _____ **MEMBER'S SIGNATURE:** _____

MEMBERSHIP RENEWAL FEES

DEADLINE FOR 2023 MEMBERSHIP RENEWAL IS DECEMBER 31, 2022

MEMBERSHIP FEES	**150.00 + 19.50 HST = $ 169.50**	**Received AFTER December 31, 2022:**
E-transfer to info@aco-web.com	**(Preferred method of payment, auto-deposit, no Q and A needed)**	**Member will be charged a LATE FEE of $100.00 for a total payment of $ 269.50**
Cheque payment payable to ACUPUNCTURE COUNCIL OF ONTARIO		

PAYMENT TYPE: ☐ E-transfer ☐ Cheque ☐ **VISA #** _____ **EXPIRY:** ____/____)

CVV:_____

DATE: _____ **CARDHOLDER NAME:** _____ **SIGNATURE:** _____

FOR OFFICE USE ONLY

DATE: ☐ **RENEWAL APPROVED** ☐ **RENEWAL DECLINED** **Reasons:** **ACO#:** **ACO SIGNATURE:**

GST REGISTRATION NO. R107797193

***Membership Fees are non-refundable.**