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Acupuncture Council of Ontario MEMBERSHIP APPLICATION FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT.

PERSONAL INFORMATION			
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

REFERENCES

1. Name: _____ Telephone: _____
2. Name: _____ Telephone: _____

ACUPUNCTURE TRAINING/EXPERIENCE

Currently practising Acupuncture on a routine basis? YES NO

Years of Routine Acupuncture Experience: 5 years or more 1 – 4 years less than 1 year

Types of Acupuncture used: Needle Electrical Laser Other

PROFESSIONAL MEMBERSHIPS

OCA/CCA CMCC CCO INSURANCE COVERAGE FOR YES - COMPANY _____
 OTHER _____ NEEDLE ACUPUNCTURE NO

ACUPUNCTURE & ACADEMIC TRAINING

* CERTIFICATES/WRITTEN VERIFICATION OF ACUPUNCTURE COURSES MUST ACCOMPANY THIS APPLICATION. *

Acupuncture Program	Institution	Length of study _____ hrs	Date of Completion
Professional Degree(s) & Diploma(s)			Year of Graduation
Post-graduate/upgrade course(s) taken in last 2 yrs			Date of Completion

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

DATE: _____ SIGNATURE OF APPLICANT: _____

MEMBERSHIP FEE	150.00 + 19.50 HST =	\$ 169.50	Preferred payment method: e-transfer to info@aco-web.com
<input type="checkbox"/> E-transfer			

CHEQUE (payable to Acupuncture Council of Ontario) VISA (CARD # _____) EXPIRY: /)
 CVV: _____

DATE: _____ CARDHOLDER SIGNATURE: _____

FOR OFFICE USE ONLY

DATE: APPLICATION APPROVED ACO #: ACO SIGNATURE:
 APPLICATION DECLINED
 Reasons: _____