



2016 Membership Form

Name: Dr.

CPSO #

Please review your contact information and insert any changes in the spaces provided below.

WORK ADDRESS		
Address currently on file:		PLEASE INSERT CHANGES BELOW:
City:		
Postal Code:		
Email (primary):		

HOME/RESIDENCE ADDRESS		
Address currently on file:		PLEASE INSERT CHANGES BELOW:
City:		
Postal Code:		
Email (alt):		

CONTACT NUMBERS – PLEASE COMPLETE
Work #'s:
Work Ext #:
Work FAX #:
Home/Residence #:
Cell Number
Pager #:

Please indicate where you would like to receive correspondence Work _____ Home/Residence _____

Name: Dr. _____

CPSO #: _____

PAYMENT OPTIONS

OPTION 1: CHEQUE

- Enclose a cheque for \$1,800.00 made payable to the Ontario Association of Radiologists.
- **Important note for group memberships:** Write the name of each member of the group on the back of the cheque and fill in a separate membership form for each member.

OPTION 2: CREDIT CARD

VISA MASTERCARD AMEX

CREDIT CARD NUMBER: _____

EXPIRY DATE (MM/YY): ____/20____ **CCV #:** _____

SIGNATURE OF CARD HOLDER: _____

I/we hereby authorize the ONTARIO ASSOCIATION OF RADIOLOGISTS to deduct the sum of \$1,800.00 from the credit card listed above.

OPTION 3: PRE-AUTHORIZED PAYMENTS (PAP)

Note: If you are already on the pre-authorized payment plan, it is not necessary to complete the information under 'Option 3' below.

You can take advantage of our Pre-Authorized Payment (PAP) plan, which automatically deducts \$150.00 from your bank account each month. Please choose ONE of the options below:

Enclose a void cheque with your completed membership form.

Please fill in the 'Pre-Authorized Chequing Authorization' box below.

<u>PRE-AUTHORIZED CHEQUING AUTHORIZATION</u>	
NAME OF BANK OR TRUST COMPANY: _____	
BRANCH ADDRESS: _____	

TRANSIT # _____	ACCOUNT # _____
SIGNATURE: _____	

I/we hereby authorize the ONTARIO ASSOCIATION OF RADIOLOGISTS to withdraw from my/our bank/trust account for payment of my/our membership fees on a monthly basis as outlined in the 2016 Membership Notice under payment 'Option 3'. For new members joining on the pre-authorized payment plan, the outstanding months since and including January will be added to your first withdrawal.

You must notify the ONTARIO ASSOCIATION OF RADIOLOGISTS at (905) 337-2680 immediately if there is a change in your bank/trust account. **PLEASE ATTACH COMPLETED FORM & EMAIL to: mail@oarinfo.ca**