



P.O. Box 11704
Etobicoke Ontario Canada M9C 5S2
416.621.6857
info@polaritytherapy.ca
www.polaritytherapy.ca

OPTA MEMBERSHIP APPLICATION

New Membership Renew Membership

Name: _____

Business: _____

Street Address: _____

City/Town: _____ Province: _____ P.Code: _____

Phone - Residence: _____ Business: _____

eMail: _____

Type of Membership:

- Registered Polarity Practitioner \$50.00 *
 - Associate Polarity Practitioner \$50.00 *
 - Student \$35.00
 - General Membership \$15.00
- Cheque or Money Order enclosed \$ _____
- Receipt requested (to be mailed)

** RPP and APP memberships must be up to date with the records of the American Polarity Therapy Association.*

RPP and APP Member OPTA Web Site Practitioner Listing:

Please list how you want to be shown in our web site practitioner listings:

Name: _____

(Please include all professional designations, eg. RMT, RN, that you want included.)

Preferred Phone Number: _____

Links to RPP/APP member web sites.

Do you have your own web site that you would like us to consider linking to?

No or Yes - Your web address: _____