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OPTA MEMBERSHIP APPLICATION / 20__

New Membership - Renewal Membership

Name: _____

Business: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: Res: _____ Bus: _____ E-mail: _____

Type of Membership:

- | | |
|---|---|
| <input type="checkbox"/> Board Certified Polarity Practitioner - \$60.00* | <input type="checkbox"/> Student / Retired - \$30.00 |
| <input type="checkbox"/> Registered Polarity Practitioner - \$60.00 * | <input type="checkbox"/> General Membership - \$45.00 |
| <input type="checkbox"/> Associate Polarity Practitioner - \$60.00 * | |

I am a current member of APTA in good standing.

Payment Method:

Cheque Money Order (Enclosed) \$ _____  e-Transfer *Receipt to be mailed*

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

BCPP, RPP and APP Member OPTA Web Site Practitioner Listing:

Please list how you want to be shown on our website practitioner listings:


Name: _____
(Please include all professional designations, e.g. RMT, RN, that you want included.)

Preferred Phone Number: _____ Email _____

We are introducing links to BCPP/RPP/APP member websites. Do you have your own website and would you like OPTA's website to link to it?

Yes No Your Web address: _____

Would you like your name to be included in the MEMBERS ONLY contact list? Yes No
Please circle for the list - address; telephone number; email address

Note: Even if you pay by , please fully fill out this application and mail it (and fee, if paying by cheque or money order) to the above address.