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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:

- Board Certified Polarity Practitioner -\$60.00*
- Student / Retired -\$30.00
- Registered Polarity Principles - \$60.00 *
- General Membership -\$45.00
- Associate Polarity Principles -\$60.00 *

• I am a current member of APTA in good standing.

Payment Method:

- Cheque**
- Money Order** (Enclosed) \$ _____
- E transfer (provide password and return email address) security answer-Stone,

** Receipt to be mailed (please provide return address)

* 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: _____

Note: Please fill out this application and mail it (along with fee if paying by cheque or money order) to the above address.