



FULL MEMBERSHIP APPLICATION

Personal Information

First Name: _____ Last Name: _____ Initial: _____
Personal Email: _____
Date of Birth: (DD/MM/YYYY) _____ Gender: Male Female
Home Telephone: (_____) _____ Cell: (_____) _____
Home Address: _____
City/Province: _____ Postal Code: _____

Education and Training

Complete the following and provide proof of completion of a recognized Manual Osteopathic Program.

School Name: _____
Address: _____
Date of Graduation (DD/MM/YYYY): _____ Number of Hours _____
Document awarded (please attach a copy):
 Certificate Diploma Other (please indicate): _____

Professional Information

Business Name: _____
Business Website: _____
Business Email: _____
Business Telephone: (_____) _____ Fax: (_____) _____
Business Address: _____
City/Province: _____ Postal Code: _____

I, the undersigned, declare that the information provided and statements made in this application and any attached documents are true.

Signature: _____ Date: _____

Application Steps: <https://www.acma-association.com/become-a-member-of-acma/>

- | | |
|---|--|
| <input type="checkbox"/> Completed Form | <input type="checkbox"/> Copy of Education Credentials |
| <input type="checkbox"/> Copy of government issued picture identification | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Copy of liability insurance | <input type="checkbox"/> Complete your online profile |
| <input type="checkbox"/> Complete admission exam | |

Please Note: Incomplete application will not be processed until all information is submitted. No refunds will be given for cancellation of membership for any reason.