



Application to Registered Practitioner Training Program

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Practitioner Training Program Fee	\$
Amount Enclosed	\$

Please make cheques payable to OBAC or e-transfer payment to treasurerOBAC@eastlink.ca
Your application form can be mailed or scanned and e-mailed to the appropriate address below.

The Ortho-Bionomy Association of Canada has a 'no refund' policy. Once the financial transaction is completed, there will be no reimbursement of fees. A processing fee, plus applicable bank charges will be assessed if the bank denies your cheque.

Registered Practitioner Entrance Requirements

1. Be a current Member of the Association.

Membership Number: _____

2. Advisor Name: _____

Advisor Signature: _____

Privacy Statement: *The Ortho-Bionomy Association of Canada (OBAC) is committed to the protection of the personal information that it holds. We use the information that you provide to facilitate member services and to provide, improve, and monitor the quality and integrity of Ortho-Bionomy education in Canada. OBAC never shares your personal information with other organizations. Please find a copy of the OBAC Privacy Policy online at www.ortho-bionomy.ca*