

Name: _____

PLEASE PRINT CLEARLY

Office Address: _____

Note: If you were a member in 2016 -17, and there are no changes to your contact information, billing code, or preferred method of communication, please write "same as 2016-17" in the boxes below.

Office Phone: _____ Home Phone: _____

Cell: _____ Fax: _____

Email: _____

Preferred Method of Communication: Phone Fax Email

Hospital Affiliation(s): _____

University Affiliation: _____

Billing Code: 60 13

\$1,500 cheque payable to "Ontario Association of Cardiologists" enclosed for active practicing cardiologists/ internist-cardiologists for 2017-2018 membership year. To pay the membership fee via PayPal, log-on to the Members Site of ontarioheartdoctors.ca

I am currently enrolled in an Ontario Cardiology Fellowship program and am interested in joining the OAC for \$100. Please send me information.

I am not interested in joining the OAC. Reason: _____

Please return the
completed form to:

34 Eglinton Ave. West,
Suite 410,
Toronto, ON M4R 2H6

Contact Us:

Tel: 416-487-0054
Fax: 866-554-4347
Toll-Free: 877-504-1239
Email: admin@ontac.ca

ontarioheartdoctors.ca