Ontario Association of Cardiologists

Ontario Association of Cardiologists
2026-2027 OAC Membership Form

OAC membership runs from July 1 to June 30.

Name: _____ PLEASE PRINT CLEARLY

Office Address: _____

NOTE: *If you were a member in 2025-26, and there are no changes to your contact information, billing code, or preferred method of communication, please write "same as 2025-26" in the boxes below.*

Office Phone: _____ Fax: _____

Email: _____

Preferred Method of Communication: ☐ Phone ☐ Fax ☐ Email

Hospital Affiliation(s): _____

University Affiliation: _____

Billing Code: ☐ 60 *(Cardiologist)* ☐ 13 *(Internal Medicine/Cardiology Specialist)*

PAYMENT OPTIONS

☐ **Pay by Credit Card:** ☐ Pay online, log-on to the Sign-ups and Renewals page at ontarioheartdoctors.ca/become-a-member.
☐ Include credit card information in the form below, or call us to provide by phone.

Credit Card Type: _____ Cardholder Name: _____

Credit Card #: _____ Expiry Date (MM/YY): _____ CVV (3 or 4 digit code): _____

☐ **Pay by Cheque:** Cheque payable to "Ontario Association of Cardiologists" enclosed.

☐ I am currently enrolled in an Ontario Cardiology Residency or Fellowship program.

☐ I am a retired cardiologist and wish to remain involved in the OAC.

Please return the completed form to:

410-250 Eglinton Ave. East
Toronto, ON
M4P 1K2

Contact Us:

Tel: 416-487-0054
Fax: 866-554-4347
Toll-Free: 877-504-1239
Email: *info@ontarioheartdoctors.ca*

ontarioheartdoctors.ca