### **New Member Application**



20 Holly Street Unit 200, Toronto, Ontario M4S 3B1

Tel. 416-496-8633 Fax: 416-496-8634 Toll-Free: 1-800-551-4381

**info@cand.ca www.cand.ca**

## Name and Designations

**Primary Clinic:**

(**leave blank if not applicable**)

Clinic Name & Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Web site

##### Home/Mailing Address:

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email – office use only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.

Note: Primary clinic info will be made publicly available through the CAND’s web site. Private contact info is for CAND office use only and will not be made available to any other party in accordance with our privacy policy.

**Consent for Electronic Communications from CAND. Due to the Canada Anti-spam Legislation, we are asking members to provide their express consent to receive CAND electronic communications.** Your CAND membership provides implied consent for CAND to contact you. Express consent provides CAND clear proof of your permission to send electronic communications. As CAND sends its members important notifications electronically, we encourage you to provide express consent by clicking the box, below. You may unsubscribe anytime by emailing unsubscribe@cand.ca.

**Yes, please send me CAND’s electronic communications.**

|  |  |  |
| --- | --- | --- |
| **Important:**   * CAND membership is linked with the provincial association in BC, MB, SK, ON, NB, NS and PEI and is conditional until confirmation of membership is received from provincial association. * In BC, NB and NS, the provincial association collects CAND dues. For NDs in all other provinces and territories: please forward your completed and signed application form along with your payment to the CAND office. * **New Ontario registrants** **must complete CONO’s registration step 1 & 2, and forward a copy of CONO’s “Step3” Eligibility email**   **with this membership application.** If you have any questions, please contact the CAND.   * CAND Membership is based on the calendar year (January 1st to December 31st). Note:  Member dues will be charged for the full year if joining in January.  For new members joining from February 1 to August 31, member dues will be pro-rated for the balance of the calendar year (to December 31st). For new members joining after August 31st, members will be charged pro-rated dues for the balance of that calendar year as well as member dues for the following year. | | |
| √ | Membership Category | Annual Dues |
|  | 1. **Full Member** ND | $450 + **GST/HST** |
|  | 1. **Part-time** practicingND   Working less than 16 hours per week in practice or otherwise employed using your ND credential\* | $250 + **GST/HST** |
|  | 1. **Second Year** practicing ND | $250 + **GST/HST** |
|  | 1. **First Year** practicing ND | $160 + **GST/HST** |
|  | 1. **Associate** ND (not practicing/out of country/retired) | $160 + **GST/HST** |
| \* Teaching, clinic supervisor, supplier sales rep, health retail etc. | | |

My cheque is enclosed and made payable to the CAND in the amount of $

***OR***

Bill my VISA or M/C # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AUTOMATIC RENEWAL OPTION** **for members paying their dues directly to the CAND**:

Please check if you would like us to automatically renew your CAND membership each year

CAND will contact you by email each November to inform you of your annual membership dues rate. Please note that we require a VISA or MasterCard number to automatically renew your membership. Your membership dues will be processed in January each year and your membership renewed indefinitely unless you provide CAND written notice of cancellation of membership. You are required to advise CAND of any changes to your membership or credit card information. Membership will not be renewed and you will be removed from the automatic membership renewal program if payment cannot be processed. By checking the above box and signing this application below, you are confirming that you are enrolling with the CAND Automatic Renewal Program.

* From which school did you graduate? Year
* In which provinces are you licensed?
* Are you a member of your provincial association?
* ***For Referrals***-Languages spoken other than English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CAND POLICIES

# Membership

Membership is due January 1st. Membership renewals are expected within **30 days** of the renewal date, otherwise the membership will lapse. If this occurs, the CAND must advise the relevant Provincial Association and Partners Indemnity that the member is no longer in good standing with the CAND. Lapse in membership will result in the cancellation of all membership benefits including any malpractice insurance through Partners Indemnity. Membership will not be active until all applicable membership dues have been received and processed by the CAND. An administrative fee of $30.00 will be charged to reprocess payment in the event of an NSF cheque or declined credit card.

**Change of Membership Category**

Any member requesting a change in membership category must inform the CAND in writing (by letter, fax or email) at least one month in advance. The notice must include the date the change is to come into effect and the membership status requested. If the member will not be in practice (i.e. maternity leave, sabbatical, etc), they must maintain Associate Member status in order to continue to receive member benefits including malpractice insurance through Partners Indemnity.

**Membership Cancellation**

Members requesting cancellation of their membership are required to inform the CAND of their request in writing (by letter, fax or email) at least one month in advance of the requested cancellation date. Any refund due to cancellation of membership will be processed 30 days from the date of the written submission. When canceling their membership, members who are insured through Partners Indemnity are advised that their insurance coverage will be cancelled as well as any other members benefits received through other affiliate companies. An administration fee will be charged for membership cancellation and any subsequent membership reinstatement during the calendar year.

**Privacy Policy**

The CAND collects personal information for contact purposes only and may share said info with its provincial constituent associations upon request. The CAND does not sell said membership information and/or mailing list to any third party for commercial purposes. Clinic contact information is provided to those companies supplying member benefits (i.e. Partners Indemnity Insurance Brokers, Scotiabank, Chase Paymentech). By submitting this form and supplying an email address, you agree to receive CAND electronic communications. You may unsubscribe anytime by emailing us at unsubscribe@cand.ca.

**By signing below I acknowledge that I have read and fully understand and accept the policies outlined herein.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**