### **New Member Application**



20 Holly Street, Suite 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:

##### Home Address:

Address

City: Prov: Postal Code:

Email – office use only: Tel:

Note: 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. For security reasons, we prefer that you provide your personal email (not an educational (edu) email) as it is used to contact you directly and becomes part of your login credentials for CAND.ca. Your personal information will NEVER be made public unless you decide to make it part of your profile.

**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.**

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| **Important:**   * CAND membership is linked with the provincial /territorial associations and is conditional until confirmation of membership is received from provincial /territorial 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 3, 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\* | $349 + **GST/HST** |
|  | 1. **Second Year** practicing ND | $199 + **GST/HST** |
|  | 1. **First Year** practicing ND | $199 + **GST/HST** |
|  | 1. **Associate** ND (not practicing/out of country/retired) | $199 + **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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* From which school did you graduate? Year
* In which provinces are you licensed?
* Are you a member of your provincial association?

# 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/territorial association and Paisley-Partners Inc. 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 Paisley Partners Inc. 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 Paisley Partners Inc.

**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 Paisley Partners Inc. 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 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:**