

Are you or have you ever been an AAQ MEMBER: YES membership # is: _____ AAQ # is unknown
 NO

Name & first name : _____

Date of Birth : _____ / _____ / _____ (MM / DD / YYYY) OAQ license #: _____ (acupuncturists only)

Membership status desired and fees:**

**Membership Status	<input type="checkbox"/> Active:	Acupuncturists registered with the Order of Acupuncturists of Quebec	\$200.00
	<input type="checkbox"/> New Graduate:	Acupuncturists in first 2 years post graduation/member of the OAQ	\$150.00
	<input type="checkbox"/> Inactive:	Not practicing, sabbatical, maternity leave or retired	\$100.00
	<input type="checkbox"/> Student:	Student in the acupuncture program at College Rosemont with proof	\$ 50.00
	<input type="checkbox"/> Supporter:	Individual wanting to support the AAQ (public, clients, TCM supporters)	\$ 50.00

Contact details for correspondence) – MAILING ADDRESS (AAQ internal use only)

Address: _____

City: _____

Postal Code: _____ Province: _____

Phone (1): _____ Phone (2): _____

Correspondence E-mail**: _____

** (If possible, please include a valid email address. We favour email mailings for sending your annual fee receipts as well as other AAQ information.)

AAQ REFERRAL SERVICES

YES please proceed to add your clinical details below

NO you may sign and return your form as is

Complete this section only if you wish to be registered on the AAQ Referral Services

	Clinic #1	Clinic #2	Clinic #3
Name of Clinic:			
Region of Québec :			
Address :			
City :			
Postal Code :			
Borough:			
Telephone(s) :			
EMAIL: public use			
OTHER : home visits, laser use, aesthetics, personal interest			

I assert that the information on this form is true and accurate. I understand that it is my responsibility to notify the AAQ in writing of any changes. I understand that the AAQ cannot be held liable for any act of omission or statement on my part. I agree that the AAQ may use my contact information for internal management purposes such as, to contact me, offer services, collect my dues, etc. Only members of the administrative board and certain volunteers of the AAQ will have access to my information as part of their duties.

In regards to the AAQ referral lists: If I consent to appear on the referral lists of the AAQ, I understand that I hereby give permission to the Association of Acupuncturists of Quebec to share and publish my clinical details to the public. I understand that this referral service is available exclusively to the AAQ members licensed to practice acupuncture in Quebec. I therefore affirm that I am a member in good standing with the Québec Order of Acupuncturists (OAQ) and have complied with all the conditions required for this purpose. I understand that the AAQ reserves the right to exclude any member from its referral services who is deemed not complying with the professional requirements of the OAQ or who has not kept their AAQ membership up to date.

SIGNATURE REQUIRED

DATE