



APPLICATION FORM STUDENT

General Information: <i>INSTRUCTIONS Write in clear block letters.</i>	
Family name:	First name:
Date of birth:	Place of birth:
Languages spoken :	
Sex: F <input type="checkbox"/> M <input type="checkbox"/>	
Are you a member of another association or gathering? Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, the name and membership number:	
How have you heard about the ACTMD?	
Do you do house calls? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you offer treatments within companies? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you work with children? Y <input type="checkbox"/> N <input type="checkbox"/> teenagers? Y <input type="checkbox"/> N <input type="checkbox"/>	
Would you be interested to participate in workshops? Y <input type="checkbox"/> N <input type="checkbox"/>	
You would be interested to write articles? Y <input type="checkbox"/> N <input type="checkbox"/>	
Have you ever been recognized guilty of a criminal malpractice? Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, specify nature and year of this malpractice:	
Have you been expelled or suspended from an organism or other professional order? Y <input type="checkbox"/> N <input type="checkbox"/>	
If so, specify reasons as well as year of being expelled or suspended:	

Home address:	
Address:	App.:
City:	Province:
Postal code:	

Business address <input type="checkbox"/> Same as home address:	
Address:	App.:
City:	Province:
Postal code:	

Phone number(s)	
Home:	Office:
Cell phone:	Pager
Fax:	E-mail:
WEB Site:	

APPLICATION FORM STUDENT (Continuation)

Specialization by field of studies

Massage therapist	<input type="checkbox"/>	Techniques: _____		
Naturopath	<input type="checkbox"/>	Kinesitherapist	<input type="checkbox"/>	Homeopath
Naturopath	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Orthotherapist
Chiroprator	<input type="checkbox"/>	Osteopath	<input type="checkbox"/>	Physical rehabilitation therapist (PRT)
Hypnosis	<input type="checkbox"/>	NLP Master	<input type="checkbox"/>	Acupunctur
Others: _____				

Geographic location (choose only one)

New-Brunswick	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	North of Quebec	<input type="checkbox"/>
Etrie	<input type="checkbox"/>	Outaouais	<input type="checkbox"/>	Saguenay/Lac St-Jean	<input type="checkbox"/>
Gaspésie/I.D.M.	<input type="checkbox"/>	Chaudière/Appalache	<input type="checkbox"/>	Etrie	<input type="checkbox"/>
Quebec City	<input type="checkbox"/>	Laval	<input type="checkbox"/>	Bas St-Laurent	<input type="checkbox"/>
Côte-Nord	<input type="checkbox"/>	Lanaudière	<input type="checkbox"/>	Mauricie/Bois Franc	<input type="checkbox"/>
Abitibi/Témiscamingue	<input type="checkbox"/>	North-Shore	<input type="checkbox"/>	Laurentiens	<input type="checkbox"/>
Montréal	<input type="checkbox"/>	Mtl/West-Island	<input type="checkbox"/>	Mtl/Snowdon-C.D.N.	<input type="checkbox"/>
Mtl/Sud-Ouest	<input type="checkbox"/>	Mtl/Westmount	<input type="checkbox"/>	Mtl/Outremont	<input type="checkbox"/>
Mtl/Villeray-Pte. Patrie	<input type="checkbox"/>	Mtl/Verdun-I.D.S	<input type="checkbox"/>	Mtl/Lasalle	<input type="checkbox"/>
Mtl/Hochelaga-Maisonneuve	<input type="checkbox"/>	Mtl/Riv. Des Prairies	<input type="checkbox"/>	Mtl/St-Laurent	<input type="checkbox"/>
Mtl/Rosemont	<input type="checkbox"/>	Mtl/N.D.G.	<input type="checkbox"/>	Mtl/Centre-Sud	<input type="checkbox"/>
Mtl/St-Michel	<input type="checkbox"/>	Mtl/Downtown	<input type="checkbox"/>	Mtl/East	<input type="checkbox"/>
Mtl/Anjou	<input type="checkbox"/>	Mtl-Nord	<input type="checkbox"/>	Mtl/Plateau	<input type="checkbox"/>
Mtl/Ahuntsic	<input type="checkbox"/>	Mtl/Mercier	<input type="checkbox"/>		
Others: _____					

To become a student member :

- Must be a Canadian citizen or have the Canadian right of residency or have a valid Canadian work permit delivered by Canada Immigration.
- By having mastered one of Canada's two (2) official languages, French and English

To become a student member, you must send us the following documents :

- Enclose a copy or a proof of your inscription at a school accredited by ACTMD;
- Proof of Canadian citizenship or Canadian residency (if necessary)
- Proof of valid work permit (if necessary)
- Enclose a copy of your birth certificate;
- Enclose 1 current picture passport size;
- Enclose a copy of resume.





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Free subscription – For one year

I undersigned, certify:

- I have read and understand the terms of my adhesion request;
- I am the solicitor and that all information included in my request form are truthful and accurate;
- I assure that all the diplomas, certificates, attestations of notes, documents and information provided to the ACTMD are truthful.
- I freely consent and understand that ACTMD keeps on file all the information which I shall send in a written, oral, computerized way or any other form.
- I acknowledge that all practitioner's documents or membership certificate (s), statements are the ACTMD property. In the eventuality and for whatever reasons that I am no longer member, I engage myself to return to the head office the certificate (s), the practitioner's statements or any other documentation asked by the direction of ACTMD within ten (10) days of the cancellation of my status of member.
- It is understood that these informations remain confidential.

Date: _____

Signature: _____

At the ACTMD we pay particular attention to the environment

