



Ontario Association of
Clinic Endoscopists

www.oace.ca

Membership Application

Please complete this form and return
via email (oace_contact@yahoo.ca)

Name: _____ Clinic: _____

Address: _____ City: _____ Prov. _____ P/C _____

Phone: _____ Fax: _____ Email: _____

Out of Hospital Clinic Affiliation (please print): _____

Hospital Affiliation (please print): _____

Membership Fee: \$100.00

METHOD OF PAYMENT

Credit Card # _____ Expiry Date: _____ (month/year) CVV Code: _____

Cheque made payable to: **Ontario Association of Clinic Endoscopists**
Contact us for mailing address

ANTI-SPAM LAW:

This section MUST be completed in order for the membership application to be processed.

OACE communicates with its members via email; in accordance with the Canada Anti-Spam law that came into effect July 1, 2014, you must indicate whether you wish to receive electronic correspondence from us.

I AGREE to receive electronic correspondence

I DO NOT wish to receive electronic correspondence.

Date: _____

OACE PRIVACY POLICY

OACE respects your privacy. We strive to protect the confidentiality of any personal information you may give us. We would like you to know (a) the circumstances under which we collect information, (b) the kind of information we collect, and (c) how we may use this information. We have posted our Privacy Statement on the OACE website at www.oace.ca for your reference. The OACE does not share your information with any other group/organization unless we are authorized by you to do so.

Membership Directory Information

If you **DO NOT** wish to have your complete contact information as printed above in the OACE Membership Directory, please sign below. Your personal contact information will not be used for any other purpose other than to inform you of Association business.

Signature: _____

Conference Material

Please sign below if you **DO NOT** wish to have your contact information as provided above included in the onsite program at the OACE events/conferences. Full name, address, phone, fax and email will be printed in a roster format to be presented to all registered delegates and sponsors attending the OACE events/conferences. This information will not be used for any other purpose by the OACE.

Signature: _____