



**ONTARIO CHIROPRACTIC ASSOCIATION
ASSOCIATION CHIROPRACTIQUE DE L'ONTARIO**

MEMBERSHIP CATEGORY CONFIRMATION FORM

In order to ensure you are in the appropriate OCA membership category please complete and return this form. OCA membership categories are based on year of graduation and CCA membership categories are based on effective license year.

Member's full name: _____

How many hours per week are you in practice? _____

Note: Also includes earning income from a source other than chiropractic adjustments that relates to your chiropractic training and expertise. (Assessments, Consultation, Research...)

If 0 hours practicing, is it due to:

- a) Maternity Leave
b) Illness or injury
c) Temporary Leave of Absence
d) Other _____

Are you a Locum Chiropractor? Y ___ N ___

If yes, how many locums per year? _____

If yes, how many hours per week? _____

Are you earning an income from a source other than chiropractic adjustments that relates to your chiropractic training? Y ___ N ___

If yes, please give details: _____

Additional Comments:

I certify that the information provided accurately reflects my present status.

SIGNATURE

DATE

Please complete form and fax to OCA at 416-860-0857.

The OCA would appreciate your notifying the office as soon as possible if your status changes.