



APPLICATION FOR ISDCO MEMBERSHIP

Section A: Facility Information			
Clinic Name			
Name of Applicant	First Name	Middle Initial	Last Name
Clinic Address <i>(Please attach address list of all facility locations, if more than one)</i>	Street Address		Email
	City	Province	Postal Code
	Telephone	Facsimile	
Total Number of Employees			
Type of Services (by facility if specific locations offer different services) :			

Section B: Membership Information			
Enclosed with my application is my membership fee in the amount of: <i>(Please check one of the appropriate boxes and attach address list of all facility locations)</i>			
Member:	<input type="checkbox"/>	\$150	1 Clinic
(Owner/Operator)	<input type="checkbox"/>	\$250	2-5 Clinics
	<input type="checkbox"/>	\$500	5+ Clinics
Associate Member:	<input type="checkbox"/>	\$50	Member-Clinic Employee (e.g. Technologist) or Vendor
I am available to participate on working committees:			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Section C: Payment Options		
Members may complete this application providing VISA credit card information.		
_____	_____	_____
(credit card nos)	(name on the card)	(expiry date)
<ul style="list-style-type: none"> • Either fax in this form using 905-707-0616 or email it to info@idca.ca. A receipt will be provided once payment is processed. • Or, you may mail in this application with a cheque made out to the 'ISDCO'. The mailing address is ISDCO, 7330 Yonge St., Ste 120, Thornhill, ON, L4J 7Y7. 		

Section D: Signatory	
Please sign and print your name clearly, along with your position and the date of application	
_____	_____
(Signature)	(Please print Name)
_____	_____
(Position)	(Date)

FOR OFFICE USE ONLY: Date received: _____ / _____ / _____ Time Received _____ : _____ AM / PM
--