

New Registrant Membership Application 2019

Legal Name:	(first name)	(middle names)	(last name)				
Preferred First Nam	e:		_				
Home Address:							
City:		Province:	Postal Code:				
Home Phone:		Cell Phone:					
Email:		Page	Pager:				
Route of Entry:	☐ MEP – Laurentian	☐ MEP – McMaster [☐ MEP – Ryerson ☐ IMPP				
General Information	n:						
Practice Name (anticipated):			Start Date (anticipated)				
Hospital Privileges (anticipated):	. <u>.</u>						
Languages other than English:	spoken:	V	vritten:				
	Snecia	I Note to New Registrants					
College of Midwives of are \$1,350 for the AOM Canadian Association o	The AOM membership year Ontario (CMO) are eligible membership year, prorated f Midwives (CAM) members	ar is January 1 to December 31 to join the AOM as a voting me I by the month that you join. The ship, which is mandatory as a Vo	I. Applicants newly registered by the ember. Voting member fees for 2019 e AOM also collects fees for your oting member. CAM fees are prorated by ered Midwife membership fees in 2019,				

as approved by the Board in May 2013 based on a resolution passed by the membership, to cover costs associated with the pay equity legal action.

Once we have received your completed application, we will email you an invoice for your membership fees.

Regarding your professional liability insurance: The AOM will enroll all New Registrants into the insurance program upon notice from the College of Midwives of Ontario and verification of TPA funding. A Certificate of Insurance will be prepared and issued to all newly insured New Registrants within 24 hours of the date of coverage. An invoice for the premium funded through the practice budget will follow. To apply for insurance, please fill in a Professional Liability Insurance Program Application Form and send it directly to the AOM for processing.

Please complete this form and return it to:

Association of Ontario Midwives 365 Bloor St E, Ste 800, Toronto ON M4W 3L4 Fax: 416-425-6905 Email: diana.macnab@aom.on.ca Questions? Please call Membership Services (ext. 2232) at 416-425-9974 or toll free in Ontario at 1-866-418-3773

Note: As per the AOM's Privacy Policy, the AOM office collects and uses member personal contact information for internal use, in order to manage and support membership, benefits and insurance administration. Contact information will not be shared with any unaffiliated third parties. However, from time-to-time we may share your personal contact information (such as your home address, email address, and/or home phone number) with the following organizations: AOM Benefits Trust, Canadian Association of Midwives, College of Midwives of Ontario, and the Health Insurance Reciprocal of Canada (HIROC), in order to facilitate the processing of your benefits, your AOM registration, or your professional liability insurance. Your liability insurance status may also be shared with the CMO.

Signature:					Date:			
I have read	d this privacy	statement and	understand th	nat my inf	ormation may	be shared as	outlined	above.