



First name: _____

Last name: _____

1. CMO REGISTRATION CLASS

In order for the AOM to change your membership status to **ACTIVE** and request liability coverage for you, we require confirmation from the CMO that you are ready to return to a **GENERAL** class certificate.

I have submitted a **CHANGE OF REGISTRATION** class form to the CMO.

2. AOM BENEFITS TRUST

I have notified the **AOM Benefits Trust** of my plans to return to ACTIVE.

(If you have not, please contact info@midwivesbenefits.ca or 416-425-9974 x 3010)

3. LIABILITY INSURANCE APPLICATION

I have returned my completed form to the AOM

(If you have not, please download this form or contact diana.macnab@aom.on.ca or 416-425-9974 x 2232)

4. START DATE AND PRACTICE INFO

ESTIMATED RETURN TO ACTIVE/START DATE: _____

PRACTICE NAME: _____

5. WILL YOUR CONTACT INFORMATION BE CHANGING?

Yes, please update to the following:

Home address _____

City _____

Province _____

Postal Code _____

Email _____

Cell phone _____

Effective (YYYY/MM/DD) _____

Questions about your change of membership status? Please contact Diana MacNab, Manager, Membership Services at diana.macnab@aom.on.ca or call 416-425-9974 x 2232 (toll free: 1 866-418-3773 x 2232) Fax: 416-425-6905