



## New Registrant Membership Application 2020

### Member Information *(please print neatly):*

Legal Name: \_\_\_\_\_  
(first name) (middle names) (last name)

Preferred First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Pager: \_\_\_\_\_

Route of Entry:  MEP – Laurentian  MEP – McMaster  MEP – Ryerson  IMPP

### General Information:

Practice Name (anticipated): \_\_\_\_\_ Start Date (anticipated): \_\_\_\_\_

Hospital Privileges (anticipated): \_\_\_\_\_

Languages other than English: spoken: \_\_\_\_\_ written: \_\_\_\_\_

### Special Note to New Registrants

**Regarding your fees:** The AOM membership year is January 1 to December 31. Applicants newly registered by the College of Midwives of Ontario (CMO) are eligible to join the AOM as a voting member. Voting member fees for 2020 are \$1,350 for the AOM membership year, prorated by the month that you join. The AOM also collects fees for your Canadian Association of Midwives (CAM) membership, which is mandatory as a Voting member. CAM fees are prorated by the quarter that you join. A special levy has also been added to all Voting Registered Midwife membership fees in 2020, 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 with an estimate of your membership fees. Once you are registered, we will email you an invoice for payment.**

**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](mailto: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.

I have read this privacy statement and understand that my information may be shared as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_