



Ontario Association of Gastroenterology

2800 14th Avenue, Suite 210
Markham, ON L3R 0E4
Phone: (416) 494-7233
Fax: (416) 491-1670
E-mail: info@gastro.on.ca
Web: www.gastro.on.ca

Membership Application

Name: _____ Company: _____

Address: _____ City: _____ Prov. _____ P/C _____

Phone: _____ Fax: _____ Email: _____

Date of Birth: _____ Gender: ☐ M ☐ F Spouse's Name: _____

Home Address: _____ City: _____ Prov. _____ P/C _____

Mail Preference: ☐ Home ☐ Office

Membership Types: Active ☐ Yes
Resident ☐ Yes
Fellow ☐ Yes

Practice Type: Community ☐ Yes
Academic ☐ Yes

Out of Hospital Clinic Affiliation (please print): _____

Hospital Affiliation (please print): _____

Which committee(s) would you volunteer to sit on? (Terms of reference available upon request.)

- ☐ Post DDW Course ☐ Annual Conference ☐ Out of Hospital Endoscopy
☐ Liver & IBD Symposium ☐ Membership ☐ Fee Guide

Comment:

☐ One Year Membership \$300.00

☐ Two Year Membership \$550.00

(Fees include HST)

HST # 85814 0973 RT 0001

METHOD OF PAYMENT

☐ Cheque enclosed

Please make cheque payable to: **Ontario Association of Gastroenterology**

Pay online by credit card at www.gastro.on.ca

ANTI-SPAM LAW: This section **MUST** be completed in order for the membership application to be processed. OAG communicates with its members via e-mail; in accordance with the Canada Anti-Spam law that came into effect July 1, 2014, you must indicate whether you wish to receive electronic correspondence from us.

- ☐ I AGREE to receive electronic correspondence.
☐ I DO NOT wish to receive electronic correspondence.

Date: _____

OAG PRIVACY POLICY

OAG respects your privacy. We strive to protect the confidentiality of any personal information you may give us. We would like you to know (a) the circumstances under which we collect information, (b) the kind of information we collect, and (c) how we may use this information. We have posted our Privacy Statement on the OAG website at www.gastro.on.ca for your reference. The OAG does not share your information with any other group/organization unless we are authorized by you to do so.

Membership Directory Information – If you **DO NOT** wish to have your complete contact information as printed above in the online OAG Membership Directory, please sign below. Your personal contact information listed will not be used for any other purpose other than to inform you of Association business.

Signature: _____

Conference Material – Please sign below if you **DO NOT** wish to have your contact information as provided above included in the on-site program at the OAG events/conferences. Full name, address, phone, fax and email will be printed in a roster format to be presented to all registered delegates and sponsors attending the OAG events/conferences. This information will not be used for any other purpose by the OAG.

Signature: _____