

Name: _____

PLEASE PRINT CLEARLY

Office Address: _____

NOTE: If you were a member in 2020-21, and there are no changes to your contact information, billing code, or preferred method of communication, please write "same as 2020-21" in the boxes below.

Office Phone: _____ Fax: _____

Email: _____

Preferred Method of Communication: Phone Fax Email

Hospital Affiliation(s): _____

University Affiliation: _____

Billing Code: 60 (Cardiologist) 13 (Internal Medicine/Cardiology Specialist)

Please return the
completed form to:

34 Eglinton Ave. West,
Suite 410,
Toronto, ON M4R 2H6

Contact Us:

Tel: 416-487-0054

Fax: 866-554-4347

Toll-Free: 877-504-1239

Email: info@ontarioheartdoctors.ca

ontarioheartdoctors.ca

PAYMENT OPTIONS

Pay by Credit Card: Include credit card information in the form below, or call us to provide by phone.

Credit Card Type: _____ Cardholder Name: _____

Credit Card #: _____ Expiry Date (MM/YY): _____ CVV (3 or 4 digit code): _____

Pay by Cheque: \$1,500 cheque payable to "Ontario Association of Cardiologists" enclosed.

Pay by PayPal: Log-on to the Sign-ups and Renewals page at ontarioheartdoctors.ca/become-a-member.

I am currently enrolled in an Ontario Cardiology Fellowship program and am interested in joining the OAC for \$100. Please send me information.