

Name: _____

PLEASE PRINT CLEARLY

Office Address: _____

Please return the
completed form to:

Note: If you were a member in 2022-23, and there are no changes to your contact information, billing code, or preferred method of communication, please write "same as 2022-23" in the boxes below.

410 – 250A Eglinton Ave. East
Toronto, ON M4P 1K2

Office Phone: _____ Fax: _____

Email: _____

Preferred Method of Communication: Phone Fax Email

Contact Us:

Tel: 416-487-0054

Fax: 866-554-4347

Toll-Free: 877-504-1239

Email: info@ontarioheartdoctors.ca

Hospital Affiliation(s): _____

University Affiliation: _____

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

[ontarioheartdoctors.ca](https://www.ontarioheartdoctors.ca)

PAYMENT OPTIONS

Pay by Credit Card: Pay online, log-on to the Sign-ups and Renewals page at [ontarioheartdoctors.ca/become-a-member](https://www.ontarioheartdoctors.ca/become-a-member).

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: Cheque payable to "Ontario Association of Cardiologists" enclosed.

I am currently enrolled in an Ontario Cardiology Residency or Fellowship program.

I am a retired cardiologist and wish to remain involved in the OAC.