



# OFCA Member Information

## Personal Contact Information (for association use and its members and if agreed Find a Podortho Foot Specialist tool)

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME PHONE/CELL

EMAIL

## Business Contact Information

BUSINESS NAME

BUSINESS ADDRESS

CITY

PROVINCE

POSTAL CODE

BUSINESS PHONE/CELL

EMAIL

BUSINESS WEBSITE

BUSINESS FACEBOOK

## Professional Information

Credentials:  RN  RPN  Other Regulated Health Care Provider

PROFESSIONAL NURSING REGISTRATION / LICENSE NUMBER

PROFESSIONAL ASSOCIATION/LIABILITY INSURANCE NUMBER

Additional Credential / Continuous Educational Programs Achieved

WOUND CARE

PUBLIC HEALTH SAFETY REGULATIONS FOR REPROCESSING INSTRUMENTS

COMPRESSION THERAPY

BIOMECHANICS AND ORTHOTIC THERAPY

NAIL BRACE

PHOTO THERAPY/ LASER THERAPY

OTHER ASSOCIATIONS & COLLEGES YOU BELONG TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NAME OF CURRENT EMPLOYER/ SELF EMPLOYED

HOW MANY YEARS HAVE YOU BEEN PRACTICING AS A HEALTH CARE PROVIDER? \_\_\_\_\_

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NAME OF SCHOOL/INSTRUCTOR FOR ADVANCED NURSING FOOT CARE/PODORTHO FOOT SPECIALIST

I give permission to the association to send me updates on topics related to my industry via social media or e-mail.  Yes  NO

I give permission to be added (business contact) publicly to Find a Podortho Foot Specialist tool.  Yes  NO

I have completed this form personally and the information I have given is correct. I understand that the information I have provided will need to be verified. I give consent to the board of directors to confirm my status as a registered member of the College of Nurses of Ontario and Nursing associations relevant to my title.

### OFCA Membership Cancellation Policy

The Ontario Foot Care Association is a non-profit organization that is committed to delivering optimum membership benefits to regulated health care provider’s members. The OFCA is primarily funded by membership fees, which in return enhances the quality of the association and benefits offered to members. As the OFCA expands, our Board members have a greater opportunity to advocate on the behalf of the Podortho Foot Specialists profession. The OFCA encourages commitment to membership and continued renewal; (One-year term begins on the day you sign up and ends 365 days after initial sign up or renewal). We have an auto-renewal process therefore we ask for your permission by signing this form to charge your credit card you will provide for an annual fee of \$200.00. If you wish to cancel, you must provide the OFCA Membership Director with a written cancellation notice 30 days prior to membership renewal, to avoid cancellation fees. Additional OFCA membership cancellation guidelines include;

- Members must pay in full for one year. Memberships require a written cancellation notice at least 30 day prior to the anticipated cancellation date.
- Members who cancel or fail to renew their membership decline all associated OFCA membership rights, including the permitted use of the practicing title “Podortho Foot Specialist” and waive the right to use any affiliated OFCA materials or benefits gained through active membership. This will result in the likelihood of insurance companies denying coverage for your patients.
- A member without an active membership understands legal action may be taken if they fail to adhere to the terms outlined within the OFCA policies.
- The OFCA reserves the right to cancel a membership if members are not compliant to rules and regulations outlined within the policy and in accordance with best practices and professionalism.
- The OFCA is not obligated to refund membership fees outside of these guidelines.

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SIGNATURE

DATE

By typing my name above and including the date - I acknowledge this will be treated as my signature when submitting the form online.

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PRINT YOUR NAME (NOTE: Only to be done if you are not submitting this form online)