Canadian Society of Ophthalmic Medical Personnel
Société canadienne du personnel médical en ophtalmologie
c/o COS, 1525 Carling Avenue, Suite 610, Ottawa, ON, K1Z 8R9

Date of Application:

Please PRINT clearly ☐ Mr ☐ Mrs ☐ Ms

Last Name : _____ First Name : _____ Middle Initial(s) : _____

Certification ☐ COA ☐ COT ☐ COMT ☐ Other _____

If JCAHPO Certified, ID# _____

Other Certification : (please include name of institution and year received)

_____

Preferred Mailing Address ☐ **Home** ☐ **Work**

Home Address : _____

City : _____ Province : _____ Postal Code : _____

Phone Number : _____ Email : _____

Employers Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Phone Number : _____ Email : _____

Membership Status ☐ **New** ☐ **Renewal**

☐ Regular Member CAD$50.00 (2 years)
☐ *Student Member CAD$25.00

☐ Regular Member CAD$35.00 (1 year)
☐ Joint CSOMP/ATPO Membership USD$75.00 (1 year)

***Student Members to complete**

Program/School _____ Graduation Year _____

Program Director's Name _____ Program Director's Signature _____

PLEASE COMPLETE THE MEMBERSHIP APPLICATION AND MAIL IT TO THE ADDRESS BELOW

***NOTE : Please attach a photocopy of your certificate of achievement or JCAHPO certification with this form**

Please make all cheques payable to CSOMP and mail to :

CSOMP (c/o COS)
110 – 1565 Carling Avenue
Ottawa, ON K1Z 8R1