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Anyone interested in Nutritional Consulting who does not qualify for RNCP/ROHP status may join as an Associate Member. This is a non-voting category Annual Membership year runs April 1 –March 31 Associate Members will receive I.O.N.C. newsletters and are eligible to attend IONC seminars.

### **Associate Membership**

**Please enroll me as an Associate Member  
of the International Organization of Nutritional Consultants.**

**Annual Associate Membership fees: \$75.00 + \$9.75 hst = \$84.75**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ Cheque \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ CVC \_\_\_\_\_

Mail fee and application to: \_\_\_\_\_ Signature \_\_\_\_\_

**International Organization of Nutritional Consultants  
115 George St. Suite 513, Oakville, ON, CA, L6J 0A2**

## **IONC Privacy Policy Consent Form**

We understand the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is using and disclosing your information.

This office will collect, use and disclose only necessary information about you for the following purposes:

- Membership and fees
- Renewal and upgrading web-site directory newsletter group mailing of IONC documents
- Purchasing liability insurance from Partners Indemnity

We will only share your information with your consent. Storage, retention and destruction of your personal information complies with existing legislation, and privacy protocols.

Our board of directors , office staff and volunteers are trained in appropriate use and protection of your information.

If you have any question regarding our Privacy Policy, please do not hesitate to ask.

**I agree to this office collecting, using and disclosing personal information about me as set out above and in their Privacy Policy.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

MAIL TO :IONC 115 George St Suite 513 Oakville On L6J 0A2

