



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

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APPLICATION FOR PROFESSIONAL MEMBERSHIP 2017 - 2018

NAME: _____

Checklist for items necessary to complete your application:

- *A completed application form for professional membership 2017 – 2018*
- *Copies of final transcript(s), photocopies of certificate(s) and any other documentation of your training qualifications*
- *A cover letter stating why you wish to become an IONC professional member*
- *A letter from each of two professional people (lawyer, accountant, teacher, minister, doctor, manager, chiropractor, etc.) who can give a character reference*
- *A resume that may support your application*
- *A signed and dated copy of the IONC Professional Membership Pledge*
- *One personal photo (email or computer printed headshot is acceptable, it will not be shown publicly)*
- *Application membership fee payable to IONC by Visa, M/C, cheque/money order*

Please note Ontario residents are required to pay a supplemental fee of \$25 to support advocacy efforts toward government regulation. Our membership year runs from April 1 to March 31. Membership applications received outside these dates can be pro-rated or extended into the next membership year for a set fee; please call the office for details. Fee schedule is as follows:

Ontario applicants: \$375 + \$25 + HST 13% = \$ 452

All other Canadian provinces: \$375 + applicable HST

International applicants \$375 in Canadian funds; no tax

Visa/Mastercard () Credit card number _____

Expiry date _____ 3 digit security code _____

Cheque or money order () payable to IONC.

Donation: \$ _____ Donations are voluntary and will be included in your receipt.

IONC is a non-profit organization.

Total payment authorized: _____ Signature: _____

Print name as you would like it to appear on your certificate (no credentials allowed)

Applicant Mailing Address:

City/Province/Postal Code:

Home Phone:

Business Phone:

Email address:

Nutrition school attended:

program:

Continuing Education: please attach a separate sheet outlining other nutrition related classroom/ online courses, including educational institution, diplomas, completion dates.

THE IONC PRIVACY POLICY

The federal Personal Protection and Electronic Documents act came into its broadest effect on January 1, 2004; the I.O.N.C. is subject to stringent guidelines regarding the collection, storage and disclosure of private and personal information we gather.

Please read the I.O.N.C. Privacy Policy on our website (www.ionc.org) and sign below:

I, _____,
have read the I.O.N.C. Privacy Policy and I understand it.

Signature:

Dated on:

PROFESSIONAL LIABILITY INSURANCE – MANDATORY

On acceptance for membership, you can to apply for one of our two group rate insurance with Partners Indemnity or Preventative Health Services Group. We will also accept other insurance plans. If participating in the IONC group plan, please complete the appropriate insurance application once you have received an IONC registration number.

I plan to use the IONC group liability coverage – check ()

OTHER INSURANCE

I will not be purchasing liability insurance through I.O.N.C. as I am already insured by:
Insurance Co and Policy #:

Signature:

Dated on:

I.O.N.C. PROFESSIONAL LIABILITY WAIVER – IF REQUIRED

I request to be exempt from purchasing professional liability insurance as I will not be practicing between April 1 2017, and March 31, 2018, will not be seeing any clients nor charging for appointments and therefore, I understand that if I breach this agreement I will automatically lose my Professional Membership designation and my Membership with I.O.N.C. will be terminated and will not be reinstated.

Signature:

Dated on: