



Ontario Society of Occupational Therapists
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2011-2012 Student Application Form

Office use only: Member #: _____

1. Registrant Information

Surname: _____ Given name: _____ Initial: _____

Preferred Mailing Address: Residence Permanent

Residence Address:

Permanent Address:

City/Town: _____

City/Town: _____

Province: _____ Postal Code: _____

Province: _____ Postal Code: _____

Telephone #: _____

Telephone #: _____

Email: _____

Date of birth: ____/____/____
 (mm) (dd) (yyyy)

Gender: Male Female

Language(s) Spoken: English French Other: _____

2. University Information

- University of Ottawa
- Queen's University
- University of Toronto

- McMaster University
- University of Western Ontario
- Other: _____

Year of Graduation: _____

3. Release of Information

I consent to the publication/communication of my name, address and contact information for the following purposes:

- LMS Prolink (Insurance)
- Product Advertising
- Recruitment Advertising
- Course/Workshop Advertising or Promotion

Signature: _____ Date: _____

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