



Monthly Installment Plan (MIP) 2018 Membership Application Form

Pilot Program 2018 – available to OAMRS Sonographers

Your Member Information

Mr. Ms. Mrs. Miss.

Member number: _____

Full Name: _____

First

Last

Email Address: _____

Home Phone:() _____ Cell Phone: () _____

Yes, keep me current with news, education, events and special offers

I am a member of OAMRS

I am a NEW member

Your Membership Level (select one)

Platinum (Monthly Installment Plan)

PLUS (Monthly Installment Plan)

Basic (Monthly Installment Plan)

Payment Information

A. Credit Card

Visa MasterCard AMEX

Name on the card: _____

Card Number: _____

Expiry Date: _____ Card Security Code (CSC): _____

B. Cheque: Payable to OAMRS

Payment Options

Mail: 415A - 175 Longwood Road, South Hamilton, ON L8P 0A1

Fax: 289.674.0037

Email: membership@oamrs.org

Monthly cost includes \$5 administrative/processing fee (already included).