



## Osteopathic International Alliance Membership Application

This is a new member application for the OIA.

### PART I

**Organisation:** \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

**Organisation's Website(s):** \_\_\_\_\_

**Name of Chief Executive Officer (CEO)/Senior Representative:**

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Name and Title of Contact Person** (if different from above):

\_\_\_\_\_

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

City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Category of Membership your organisation is applying for:**

**Full Membership** (Annual membership fee: USD \$500 + \$4 per member)

The following groups are considered to be Full Members: Legally recognized organizations from any country where osteopathic physicians and/or osteopaths are regulated by law, who represent the majority of the professions of osteopathic physicians and/or osteopaths. Additionally OIA membership can be shared by a coalition of eligible organizations who formally agree to collaborate. The possibility of adding more members to the coalition will be reviewed at the previously scheduled time of review of the original member(s), unless the board specifies otherwise.

**Associate Membership** (Annual membership fee: USD \$900)

The following groups are considered to be Associate Members: Established or emerging organizations from any country where osteopathic physicians and/or osteopaths are working towards governmental recognition and the legal establishment of the osteopathic profession and full membership in the OIA; and which represent the majority of the professions of osteopathic physicians and/or osteopaths.

**Application is incomplete without signature on liability release.**



**Partner Membership** (Annual membership fee: USD \$650)

Partner Members are defined as organizations/institutions with goals and objectives that are consistent with those of the OIA, but who do not meet the criteria of Full or Associate Membership.

**Full & Associate Applicants: Attach the Following Materials (all documents must be submitted in English with certified translation, when applicable):**

- 1) A letter on your organisation’s letterhead requesting membership in the OIA
- 2) An organisational and staff profile (including membership numbers, distribution, type of training, educational criteria, number of staff, etc.)
- 3) Mission, goals, and bylaws (in English, certified translation, or include costs for translation)
- 4) Legal authority (federal, state, or provincial laws) by which your organisation is registered/accredited
- 5) Annual report (if applicable)

**Partner Applicants: Attach the Following Materials (all documents must be submitted in English with certified translation, when applicable):**

- 1) A letter on your organisation’s letterhead requesting membership in the OIA
- 2) Mission, goals, and bylaws (in English, certified translation, or include costs for translation)
- 3) Information about your organisation, including membership numbers, type of training, degree awarded, educational criteria, etc.

**All levels of Membership - Number of members in your organisation:** \_\_\_\_\_

**PART II**

- 1. There is nation-wide regulation of the osteopathic profession in your country in the form of educational institution and/or program accreditation.  
(Circle one)            **YES**            **NO**
- 2. There is nation-wide regulation of the osteopathic profession in your country in the form of individual practitioner licensure or registration.  
(Circle one)            **YES**            **NO**
  - a. If no, does your organization support the legal establishment of nation-wide regulation of the osteopathic profession in your country, including program accreditation and/or licensure/registration?  
(Circle one)    **YES**            **NO**

**Comments:**

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**Are there OTHER national osteopathic organisations in place in your country?**

(Circle one)            **YES**            **NO**

**If yes, please list name & address:**

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Please send completed form, attachments and USD \$100 non-refundable application fee to

Email (preferred): [OIA@osteopathic.org](mailto:OIA@osteopathic.org)

Or via post:

OIA

142 E. Ontario Street

Chicago, IL 60611

USA

**Application is incomplete without signature on liability release.**

Created: 2005-05-13  
Revised: 2017-02-17



**Description of Interest in Membership in OIA (500 words or less)**

(Attach statement if necessary)

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Please submit your application with attachments and non-refundable application fee of USD \$100. The fee can be submitted by credit card, check, money order, or bank transfer.

**PLEASE NOTE: ONLY SUBMIT APPLICATION FEE; YOUR ORGANISATION WILL BE INVOICED FOR DUES PAYMENT UPON APPROVAL OF APPLICATION BY THE BOARD OF DIRECTORS.**

**Check/Money Order Enclosed, made payable to the Osteopathic International Alliance**

**Please charge my credit card: Visa MasterCard Discover Amex**  
**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_/\_\_\_ **SEC CODE:** \_\_\_ \_\_\_ \_\_\_  
**Name on card:** \_\_\_\_\_

**Banking Transfer:**  
**Name on Account:** \_\_\_\_\_  
**Bank:** \_\_\_\_\_ **Branch:** \_\_\_\_\_  
**Account #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Please send a confirmation of the wire transfer to [ويا@osteopathic.org](mailto:ويا@osteopathic.org)**  
**OIA Bank Routing Information: \*There is a \$25.00 fee per transaction.**  
Harris Bank Chicago, IL, USA  
**Name on the Account:** Osteopathic International Alliance  
**Checking Account #:** 366-581-7  
**Routing Number #:** 071000288  
**Swift Code: HATRUS44**

Questions regarding this application should be forwarded to [ويا@osteopathic.org](mailto:ويا@osteopathic.org).

CEO/Senior Executive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application is incomplete without signature on liability release.**



## **Applicant Statement and Release from Liability**

\_\_\_\_\_ **[Name of Organisation]** hereby applies for membership in the Osteopathic International Alliance. In making this application, we authorize the Osteopathic International Alliance (OIA) to contact individuals and organisations for additional information and recommendations concerning our organisation. We understand and agree that the sources of information and information furnished to the OIA shall be and remain confidential and not subject to disclosure to me or persons acting on my behalf through the legal process or otherwise. We understand that OIA shall be the sole judge of our credentials and qualification for membership.

We hereby release, discharge, exonerate and agree to hold harmless the OIA, its members, officers, directors, representatives and agents free from any action, suit, obligation, damage, expense, claim, demand or complaint by reason of any action they or any one of them may take in connection with this application. It is understood and agreed that the OIA's decision as to whether our organisation is qualified for membership rests solely and exclusively with the OIA and that its decision is final.

We further agree that the laws of the State of Illinois and the United States of America shall apply to any dispute arising out of this application and/or the decision of the OIA.

We have carefully read and agreed to full compliance with the foregoing statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Application is incomplete without signature on liability release.**