



## 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)

- Legally recognised organisations 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 organisations 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)

- Established or emerging organisations 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.

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

- Organisations/institutions with goals and objectives consistent with those of the OIA, but who do not meet the criteria of Full or Associate Membership.

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



## Osteopathic International Alliance Membership Application

**Full & Associate Applicants:** Attach the Following Materials (all documents must be submitted in English, whether in the original or by satisfactory and certified translation):

- 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
- 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, whether in the original or by satisfactory and certified translation):

- 1) A letter on your organisation’s letterhead requesting membership in the OIA
- 2) Mission, goals, and bylaws
- 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 operating in your country?

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

If yes, please list name(s) & address(es):

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## Osteopathic International Alliance Membership Application

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

(Attach statement if necessary)

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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

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:** SUBMIT ONLY THE 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 [oia@osteopathic.org](mailto:oia@osteopathic.org)

OIA Bank Routing Information: **\*There is a \$25.00 fee per transaction.**

Bank: Harris Bank Chicago, IL, USA Account Name: Osteopathic International Alliance

Checking Account #: 366-581-7 Routing Number #: 071000288 Swift Code: HATRUS44

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

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

Application is incomplete without signature on liability release.



## Osteopathic International Alliance Membership Application

### 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 aggress 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.**