

**YORK PEEL CHIROPRACTIC SOCIETY
Membership Registration**

Doctor _____

Address _____

City _____ Tel: _____

Fax _____ Email _____

Chiropractic College & Graduation Year: _____

Are you currently a member of the OCA? (Yes/No)
(Under the present OCA policy a doctor MUST be a member of the OCA prior to joining
any OCA Society)

Annual Fee: Gold \$250.00 General \$150.00
YPCS has a special fee for first year doctors. (\$100.00)

Mail to: Dr. Paul Grittani
1710 Dufferin St.
Suite 100
Toronto, Ontario
M6E 3P2
Tel/Fax: 416-652-1849