



Membership Renewal Form 2012

Please complete this form in full and submit it with you payment and a copy of your insurance papers.

Date: _____ Membership Number : _____

Name: _____

Address: _____

Phone: _____ Cel: _____

Email: _____

Professional Malpractice & Liability Insurance Provider:

Policy Number: _____ Expiry Date: _____

OR

Master/Group #: _____ Certificate Number: _____ Expiry Date: _____

Copy Attached: YES ___ NO ___

Reason for not having a copy attached: _____

MTWPAM 2012 Full Membership	100.00
Late Feeadd \$25.00 Jan 1 st - Feb 29th	
Processing Fee ...add \$40.00 On or after March 1 st	
TOTAL PAYABLE	

PLEASE NOTE* If your insurance expires at the end of the year then a copy of your new insurance policy MUST accompany your renewal. Your renewal will not be processed without it. Payment made between Jan 1st & February 28th please add \$25 late fee. Payments made on or after March 1st please add \$40.00 processing fee. Any membership not renewed by the end of February will be suspended and be required to pay the \$40 dollar processing fee to have the file reinstated.

We thank you for your prompt payment. You will be issued a receipt for tax purposes once payment and papers have been received. Cheques and Money Orders can be made to MTWPAM.

OFFICE USE ONLY:	
DATE RENEWED: _____	RENEWED BY: _____
NOTES: _____	

