



Monthly Installment Plan (MIP) 2020 Membership Application MRT

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/CAMRT

I am a NEW member

Your Membership Level (select one)

MRT Practice \$40.17/month* (first installment of \$67.17 includes PLI)

MRT Non Practicing \$19.83/month*

Payment Information

Credit Card

Visa MasterCard AMEX

Name on the card: _____

Card Number: _____

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

Payment Options

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

Fax: 289.674.0037

Email: membership@oamrs.org

*Monthly fee includes \$3 administrative fee

* MIP not available with Refer-a-Friend