[ ] **New Application** [ ]  **Renewal**

INDIVIDUAL MEMBERSHIP

Name: Click or tap here to enter text. Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

I agree to receive electronic communications from OMMC [ ] Yes [ ] No

2025 Annual Fee: [ ]  $50

INSTITUTIONAL MEMBERSHIP

Institution Name: Click or tap here to enter text.

Address: Click or tap here to enter text. Email: Click or tap here to enter text.

Phone: Click or tap here to enter text. Website: Click or tap here to enter text.

Primary Contact Information

Position Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. E-mail: Click or tap here to enter text.

2025 Annual Fee: [ ] $75

I agree to receive electronic communications from OMMC [ ] Yes [ ] No

# Payment can be made by (please indicate):

# Cheque: payable to “OMMC Inc.” [ ]

# e-transfer: send to ommctreasurer@gmail.com [ ]

#  Credit card [ ]

Credit Card Type: Click or tap here to enter text.

Card Number: Click or tap here to enter text.

Expiry: Click or tap here to enter text.

# Please send the completed form to:

# OMMC Head Office

# 6449 Crowchild Trail SW, Box 36081 Calgary, Alberta T3E 5R0

Phone: 204-223-0905

Email: secretary@ommc.ca