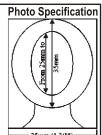


## International Council of Ayurvedic Physicians Inc. (ICAP)



1115 O'Connor Drive, Toronto, ON CANADA M4B 2T5. Tel: 416-778-9341 • Toll Free: 1-877-487-8332

**E-mail:** AyurvedToronto@sympatico.ca, AyurvedToronto@hotmail.com,

## MEMBERSHIP FORM (ONLY BLOCK LETTERS)

Suffix:	First Name :	Middle Initial : I	Last Name :
Degrees / Diplomas / Certificates		Occupation :	
Company Nar	me :		
Office Addres	s:		
City:	State / Province :	Postal Code :	Country :
Phone :	Fax :	E-mail :	
Residential Address:			
City:	State / Province :	Postal Code :	Country :
Phone :	Fax :	E-mail :	
Website(s):_	Website(s) : Alternative E-mail :		
How many years of Practice Year(s)			
Name of the Organization you are/were working for :			
or if you are a student Number of Years / Semesters of course completed :			
please provide Name, Contact Info, and Address of your current Educational Institute (below)  ADDRESS			
CONTACT INFO. (TEL / FAX / EMAIL / WEBSITE)			
Date of Birth : / Current Date : / Signature :			
Membership Information / Payment (Canadian Dollars Only)			
☐ Student: \$	351 Ordinary M	Member: \$ 475	☐ Senior Member : 351
☐ Life Member: \$ 10001 ☐ Patron Member: \$ 21001			
Payments can be made by Demand Draft / Cheque / Cash only. Do not mail Cash.			
You are entitled to pay a Bank / Financial charges.			
Cheque / Demand Draft should be drawn in the Name of "ICAP Inc."			
Check-list: Put an "X" in the box corresponding to the documents you are enclosing. If you do not enclose all the required form and documents, your entire application will be returned to you. Supporting documents must be in English/Gujarati/Hindi/Sanskrit. If they are not, send a certified translation with a copy of the original.  Copy of Certificate(s)  Copy of Degree(s)  Copy of Photo Identification(s)  Three Current Passport Size Pictures (Note: Photo Specification on Top)			
Website: ww	w.icapinc.org	61	'ICAP Inc. is Non-Profit Organization"