**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

2024 Annual Fee:  $45

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.

2024 Annual Fee: $65

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: [ommcinc2@gmail.com](mailto:ommcinc2@gmail.com)