



**INTERNATIONAL COUNCIL OF  
AYURVEDIC PHYSICIANS INC.**

**ADDRESS: 164 EDMONTON DRIVE,  
TORONTO, ONTARIO, CANADA M2J3X1**

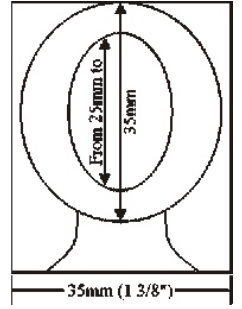
**TEL: 1-416-778-9341**

**EMAIL: AYURVEDIC@OUTLOOK.COM**

**WEB: www.ICAPINC.org**

**MEMBERSHIP FORM (ONLY BLOCK LETTERS)**

**PHOTO SPECIFICATION**



Suffix: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degrees / Diplomas/Certification: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_ Email(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_ Email(s): \_\_\_\_\_

Website: \_\_\_\_\_ How many years of practice?: \_\_\_\_\_

Name of the Organization(s) you are/were working for: \_\_\_\_\_

Or if you are student Number of Years / Semesters completed: \_\_\_\_\_

Current Educational Institute's contact Information: \_\_\_\_\_

**Date of Birth:** date / month/ year **Current Date:** date / month/ year **Signature:** \_\_\_\_\_

**Membership Information / Payment Information (Canadian Dollars only): Payments via Cash, Cheque, Credit Card.**

Ordinary Member: \$ 649.00,  Student Member: \$ 451.00,  Life Member: \$ 7001.00,  Patron Member: \$ 15000.00

**CHECK LIST: Put an "X" in the box corresponding to the documents you are enclosing. If you don't enclose all the required form(s) and document(s), your entire application will be returned to you, supporting documents must be in English/Hindi/Gujarati/Sanskrit.**

Copy of Certificate(s)  Copy of Degree(s)  Copy of Photo Identification(s)  Copy of Diploma(s)  Resume

3 Current Passport Size Pictures  Job / Experience Letter

**ICAP INC. is Non-Profit Organization.**

**Membership fee is non-refundable.**