

MDRAO Membership Registration / Renewal Instructions

Table of Contents

Members Renewing an Expired Membership:	1
First-Time New Members:	2

Members Renewing an Expired Membership:

For those who were previously MDRAO members, and have a login account on MDRAO.ca.

1. **Go to mdrao.ca and login to your MDRAO account**, using the login box on the homepage. If you have forgotten your password, click “Lost Password” to reset your password.

LOG IN

Username or E-mail

Password

Remember Me

[Lost Password](#)

2. **After you have successfully logged in**, follow the steps below for first-time members to complete your membership renewal.


First-Time New Members:

For those who have never been a member of the MDRAO before.

1. Go to: mdrao.ca > **Membership**. Click on **“Register Now”**.

ABOUT US ▾ **MEMBERSHIP** ▾ EDUCATION ▾ CONFERENCES ▾ SPONSORS

BECOME A MEMBER



MDRAO is Ontario's leading medical device reprocessing association, helping our members increase their knowledge, skills, and advance their career.

REGISTER NOW

Membership is now OPEN and runs from June 1, 2018 to May, 31, 2019.

2. Select your **“Member Type”** and **“Chapter”** from the drop menus. Click **“Register”**.


Member Type

Chapter

REGISTER

Please note: Definitions of the member types and chapters, can be found at the bottom of this page.

3. You will be directed to the **Cart** page. Scroll down and click “**Proceed to Checkout**”.

	Product	Price	Quantity	Total
	MDRAO Membership			
✘	 Member Type: REGULAR MEMBER: Management (\$40.00) Chapter: Gamma	\$40.00	1	\$40.00
				UPDATE CART

Cart totals

Subtotal	\$40.00
Total	\$40.00

[PROCEED TO CHECKOUT](#)

4. You will be directed to the **Checkout** page.

IMPORTANT NOTE: Fill out the entire form with the **Member's information only**.

Checkout

Billing details

PERSONAL INFORMATION

The member's information **MUST** be entered below. It is used for Login and Member Access.

Are you a first time member? *

Yes No

First name *

Juliana

Last name *

Blackett

Your Home Address:

WORKPLACE INFORMATION

Hospital *

Site

For multi-site facilities / corporations

City *





London

Position *

I warrant that the information I have provided on this form is correct. *

5. After filling out the entire form, click the **“Proceed to Paypal”** button at the bottom of the page.

You will be directed to paypal to make payment by credit card.

PayPal     [What is PayPal?](#)

Pay via PayPal; you can pay with your credit card if you don't have a PayPal account.

PROCEED TO PAYPAL