

Canadian Society of Hand Therapists

www.csht.org

Membership Registration

June 2008 – May 2010

New Registration () Renewal () OT () PT () CHT ()

NAME: Mr. / Mrs./Ms. _____

MAILING ADDRESS: _____

Home and/or Work

_____ Postal Code: _____

TELEPHONE NUMBER: Home: (____) _____ Work: (____) _____

E-MAIL ADDRESS: _____

EMPLOYER'S NAME: _____

FAX NUMBER: (____) _____

TYPE OF FACILITY: Acute/ Rehab/ Private OR Other _____

FULL TIME () PART TIME () NON-PRACTICING ()

NUMBER OF YEARS IN PRACTICE: _____ IN HAND THERAPY PRACTICE: _____

PERCENTAGE OF CASELOAD IN HAND REHABILITATION: _____%

In the event that the CSHT is contacted for membership information do you consent to the release of your name, address and e-mail contact information for the purpose of disseminating the following:

1. Product Information: Y / N
2. Educational Opportunities: Y / N
3. Networking with other CSHT Members: Y / N

DATE: _____ SIGNATURE: _____

FEES: \$30.00 for 2008-2010. Payable to: "Canadian Society of Hand Therapists".

Membership renewals are for a 2-year time period to help decrease administrative time and costs. Please keep the membership database up to date by posting or emailing any changes to your address, employment, etc. **International fees for 2008-2010 are \$60 Canadian** due to higher administrative costs.

Please send completed form and cheque to the following address:

Canadian Society of Hand Therapists

c/o Royal University Hospital, Michelle Street, Occupational Therapy
103 Hospital Drive, Saskatoon, SK, S7N 0W8