

Canadian Society of Hand Therapists

www.csht.org

Membership Registration

June 2007 – May 2009

New Registration () Renewal ()

OT () PT () CHT ()

NAME: Mr. / Ms. _____

MAILING ADDRESS: _____

Home 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 2007-2009

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 2007–2009 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 Wendy Tilley, Rehabilitation Services,
1F1 WMC, University of Alberta Hospital, 8440-112 St, Edmonton, AB, T6G 2B7