

Canadian Society of Hand Therapists

www.cshht.org

Membership Registration

April 1st 2010 – March 31st 2011

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

NAME: Mr. / Mrs. / Ms. _____

Please provide both work and home information to assist with contacting you in case information changes over the year or any errors are made. Thank you.

MAILING ADDRESS:

Home _____

Postal Code: _____

Work _____

Postal Code: _____

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

E-MAIL ADDRESS: Primary: _____

E-MAIL ADDRESS: Secondary: _____

EMPLOYER'S NAME: _____

FAX NUMBER: (____) _____

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
4. Requests from employers for possible employment opportunities: Y / N
5. Requests for therapists providing treatment in specific locations: Y / N

DATE: _____ SIGNATURE: _____

FEES: \$30.00 for 2010-2011. Please note membership periods have changed to a 1 year term. Please keep the membership database up to date by posting or emailing any changes to your address, employment, etc.

International fees for 2010 – 2011 are \$40.00 Canadian.

If not registering online, please mail completed form and cheque payable to: “**Canadian Society of Hand Therapists**” 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