

Canadian Society of Hand Therapists
www.csht.org
Membership Registration
April 1st 2011 – March 31st 2012

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. Would you like your name and work information available to the public, which would include potential employers and people (clients and therapists who are not members of CSHT) who are looking for therapy in a certain area: Y / N

DATE: _____ **SIGNATURE:** _____

FEES: \$30.00 for 2011-2012. 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 Heather Griffiths,
92 Magnolia Cres
Moncton, NB E1A 8C5