



Canadian Society of Orthopaedic Technologists membership application

Canadian Society of Orthopaedic Technologists, 18 Wynford Drive, Suite 715A, North York, Ontario M3C 3S2
Telephone: (416) 445-4516 • Fax: (416) 489-7356 • Web Site: www.pappin.com/csot • E-Mail: csot@look.ca

Please complete in full and enclose an application fee of \$50.00. Please print legibly.

Surname: _____ Given name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home (____) ____ - ____ Business (____) ____ - ____

E-mail: _____

Date of birth: _____

Insert your present appointment below

Organization: _____

Address: _____

Date employed from: _____ to _____

Your position or title: _____ Responsible to: _____

Name of personnel director: _____

Complete address: _____

City: _____ Province: _____ Postal Code: _____

Full Membership: I am applying for full membership. I am **gainfully employed and actively working** in the orthopaedic fracture/cast/emergency clinic of my hospital and have done so for at least one full year (850 hours minimum). During that time I have been actively engaged in applying casts and orthopaedic tractions. I fully understand that my acceptance as a member of the society does not imply that I am a registered technologist. I will not so indicate or assume until I have complied with the Registry Bylaws of the Canadian Society of Orthopaedic Technologists. I will commit no act that will bring discredit to the society.

Do you have a criminal record for which a pardon has not been granted? ☐ Yes ☐ No

Signature of Applicant: _____ Date: _____

Sponsorship Form

Orthopaedic Surgeon

I am personally acquainted with the reputation of the applicant and his/her qualifications for the class of membership for which he/she has applied. He/she is gainfully employed and actively working in the fracture/cast/emergency clinic and on tractions for at least one year (850 hours). I recommend that he/she be considered for admission to membership. **Please type or print legibly:**

Sponsor: _____

Affiliation: _____ Position: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Date: _____

Sponsor's Signature: _____ Signature of Applicant: _____