

C. S. O. T.

Canadian Society of Orthopaedic Technologists

2016 MEMBERSHIP RENEWAL - PRINT LEGIBLY

NAME: Mr. _____
Mrs. _____
Ms. _____ (Surname) _____ (Given Name (s))

ADDRESS: _____
(Street) _____ (City) _____

(Province) _____ (Postal Code) _____

PHONE: _____
(Area Code) _____ (Home) _____ (Business) _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____
(Street) _____ (City) _____

(Province) _____ (Postal Code) _____

Present Position: _____

(Please print legibly)

Manager of Fracture Clinic _____

Supervisor's Name and Position: _____

Membership Fee: (Please Check One ☒ Includes H.S.T.)

Registered:	Before December 31, 2015	\$250.00	<input type="checkbox"/>	After December 31, 2015	\$300.00	<input type="checkbox"/>
Full Member:	Before December 31, 2015	\$250.00	<input type="checkbox"/>	After December 31, 2015	\$300.00	<input type="checkbox"/>
Associate:	Before December 31, 2015	\$195.00	<input type="checkbox"/>	After December 31, 2015	\$245.00	<input type="checkbox"/>
Industrial:	Before December 31, 2015	\$200.00	<input type="checkbox"/>	After December 31, 2015	\$250.00	<input type="checkbox"/>
Student:	Before December 31, 2015	\$185.00	<input type="checkbox"/>	After December 31, 2015	\$235.00	<input type="checkbox"/>
Retired:	Before December 31, 2015	\$165.00	<input type="checkbox"/>	After December 31, 2015	\$215.00	<input type="checkbox"/>

NUMBER OF HOURS WORKED FOR THE CURRENT YEAR AS AN ORTHOPAEDIC TECHNOLOGIST
FULL TIME PART TIME

NOTE: Full Members: After February 1, 2016 if fees are not paid it will be necessary for you to reapply for membership.

Registered Members: After February 1, 2016 notice will be sent to the Administrator/Fracture Clinic Manager of your Hospital advising that your certificate is no longer valid. If 12 months or more have lapsed, you will be asked to appear before an examining team and all outstanding monies owing the Society must be paid.

Total Amount Enclosed \$ REGISTRY NUMBER: Date

Make Cheque or Money Order Payable to: C.S.O.T.

Mail to: 18 Wynford Drive, Suite 715A
North York ON M3C 3S2

NSF Cheques - \$40.00 charge

Phone (416)445-4516 Fax (416) 489-7356

IF NOT COMPLETED IN FULL - THE FORM WILL BE RETURNED. MEMBERSHIP IS DUE AND PAYABLE ON THE 31ST DAY OF DECEMBER. Sorry No Credit cards