

C.S.O.T.

Canadian Society of Orthopaedic Technologists

INDUSTRIAL MEMBERSHIP

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Ms. (Surname) (Given Name (s))

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LIST BELOW YOUR PRESENT APPOINTMENT

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Present Position: _____

I am applying for Industrial Membership. I realize that I will not be entitled to take part in the voting process, hold elected office in the Society nor sit the Registry Examinations.

I will commit no act which will bring discredit to the Society.

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Signature of Applicant Date

Make Cheque or Money Order Payable to: C.S.O.T.
Mail to: 18 Wynford Drive, Suite 715A
North York ON M3C 3S2
Phone:(416) 445-4516 Fax (416) 489-7356
Email csot@look.ca
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MEMBERSHIP FEE: \$135.00 PER YEAR which includes the journal BodyCast and Newscast