

C.S.O.T.

Canadian Society of Orthopaedic Technologists

STUDENT MEMBERSHIP

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

ADDRESS: _____
_____ (City) _____ (Province) _____ (Postal Code)

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

DATE OF BIRTH: _____ Email _____

LIST BELOW YOUR PRESENT APPOINTMENT

ORGANIZATION: _____

ADDRESS: _____
(Street) _____ (City) _____ (Province)

Present Position: _____

Responsible To: _____

Date Employed/In School From: _____ To: _____

I am applying for Student 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 have never been convicted of a criminal offense.

After ONE FULL YEAR as a Student Member working as an Orthopaedic Technician, I will be eligible to apply for FULL membership and sit the examinations of the C.S.O.T.

.....
Signature of Applicant

.....
Date

Make Cheque or Money Order Payable to:
Mail to:

C.S.O.T.
18 Wynford Drive, Suite 715A
North York Ontario M3C 3S2
Phone:(416) 445-4516 Fax (416) 489-7356
Email csot@look.ca
Web www.pappin.com/csot

MEMBERSHIP FEE: \$120.00 PER YEAR + \$12.00 APPLICATION FEE- HST included