



Canadian Society of Orthopaedic Technologists membership application



Please complete in full and enclose an application fee of \$25.00

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: <http://www.pappin.com/csot> ● E-Mail: csot@look.ca

Name in full: Mr
Mrs
Miss Surname Given

Address:
Street City
.....
Province Postal Code

Phone:
Area Code Home Business

Date of Birth Email

List Below Your Present Appointment

Organization

Address
Street City
.....
Province Postal Code

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, ie., 850 hours minimum. During that time I have been actively engaged in applying plaster 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 which will bring discredit to the society.

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 room and on tractions for at least one year (minimum of 850 hours). I recommend that he/she be considered for admission to membership.

Please type or print:

Sponsor:

Affiliation: Position:

Address:

City: Province: Postal Code: Date:

Sponsor's Signature: Signature of Applicant: