

C. S. O. T.

Canadian Society of Orthopaedic Technologists

2009 MEMBERSHIP RENEWAL

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 G.S.T.)

Registered:	Before December 31, 2008	\$145.00	<input type="checkbox"/>	After December 31, 2008	\$165.00	<input type="checkbox"/>
Full Memb:	Before December 31, 2008	\$145.00	<input type="checkbox"/>	After December 31, 2008	\$165.00	<input type="checkbox"/>
Associate:	Before December 31, 2008	\$ 90.00	<input type="checkbox"/>	After December 31, 2008	\$100.00	<input type="checkbox"/>
Industrial:	Before December 31, 2008	\$ 95.00	<input type="checkbox"/>	After December 31, 2008	\$105.00	<input type="checkbox"/>
Student:		\$ 80.00	<input type="checkbox"/>			
Retired Member:		\$ 75.00	<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, 2009 if fees are not paid it will be necessary for you to reapply for membership.

Registered Members: After February 1, 2009 notice will be sent to the Administrator of your Hospital advising that your certificate is no longer valid.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, Suite715A

NSF Cheques - \$25.00 charge

North York ON M3C 3S2

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.

JUST IN CASE YOU'D LIKE TO GET YOUR MEMBERSHIP PAYMENT OUT OF THE

WAY - WE'VE ENCLOSED THE RENEWAL FOR 2009. IF YOU ARE ABLE TO MAKE YOUR PAYMENT EARLY WE SINCERELY THANK YOU.

SUPPORT YOUR LOCAL CHAPTER - *To join, please contact the appropriate person listed below.*

ALBERTA CHAPTER

President: Pat Ennis
76 Range Green N.W. Calgary AB T3G 1H3
403-239-0743

GRAHAM BELL CHAPTER

President: Joe Maulucci
73 Kent Rd., Brantford ON N3R 7X8
519-754-1908

MANITOBA CHAPTER

President: Mary Kate Turner
Pan Am Clinic, 75 Poseidon Bay, Winnipeg MB R3M 3E4
204-925-1522

NORTHTECHS CHAPTER

President: Val Stockdale
Box 515, Lamont AB TOB 2R0
780-895-2512

TRILLIUM CIRCLE CHAPTER

President: Faye Gibson
200 Wellesley St.E. # 722, Toronto ON M4X 1G3
416-924-8974

WEST COAST CHAPTER

President: Doug Purvey
5627 Dove Place, Ladner BC V4K 3R2
604-946-1695

GREAT PLAINS CHAPTER

President: Mark Levesque
219 Adaskin Cove, Saskatoon SK S7N 4P4
306-933-3184

NIAGARA CHAPTER

President: Billie-Jo Whitty
51 Heritage Lane
Welland ON L3C 6Z4
905-732-6111 Ext. 33258