

C. S. O. T.

Canadian Society of Orthopaedic Technologists

2009 MEMBERSHIP RENEWAL FOR ACTIVE RETIREES

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: _____

Active Retiree Membership Fee: (Please Check One Includes G.S.T.)

Registered: \$75.00

Full Memb: \$75.00

This category of membership is available for retired members who occasionally work on a part time basis, ie., filling in for sickness, vacation, leave of absence, etc. This category entitles you to your membership card, diploma seal and employer notification (if applicable) as well as the journal and newsletters and reduced fees for the convention and/or meetings. Working retirees must comply with the Continuing Education Programme.

Total Amount Enclosed \$ REGISTRY NUMBER: Date

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

Mail to: 18 Wynford Drive, Suite715A
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NSF Cheques - \$25.00 charge