



Membership Registration Form

20__-20__

PEIOTS Membership Eligibility Criteria

1. **Active Membership** - granted to: applicants who graduate from an occupational therapy education program in Canada accredited by the Canadian Association of Occupational Therapists or from a non Canadian occupational therapy educational program recognized by the World Federation of Occupational Therapists.

2. **Life Membership** - granted to members who meet all three of the following criteria:

- i) hold a current Active Membership and have been an Active Member for 25 years,
- ii) has completed 25 years of practice in occupational therapy, and iii) has made an outstanding contribution to the society or to the profession of occupational therapy in the opinion of the membership.

3. **Affiliate Membership** - granted to: i) individuals who work in a role of assisting occupational therapists in their practice; or ii) groups, organizations, or individuals who have an interest in the profession of occupational therapy according to the terms and conditions determined from time to time by the Executive.

1. Member Information

Surname: _____ Given Name: _____ Initial: _____

Preferred Mailing Address: Home Work

Preferred Email: _____

Home Address:

Phone: _____

Email: _____

Gender: Male Female _____

Language(s) Spoken: _____

English French Other _____

Work Site #1

Employer: _____

Address: _____

Phone: _____

Email: _____

Work Site #2

Employer: _____

Address: _____

Phone: _____

Email: _____

2. Eligibility Credentials

a) **Active Membership:** check all that apply

Occupational Therapy Certificate/Diploma Bachelor Master's Clinical Master's Doctorate

Date Original qualification obtained: _____ School/Program: _____ Country: _____

PEIOTRB License # _____

b) **Life Membership:**

Current active membership Completed 25 years of practice _____

Outstanding contribution: _____

c) **Affiliate Membership:** (please describe)

3. PEIOTS Volunteer Opportunities: I am willing to volunteer for PEIOTS in the following areas:

- OT Month Activities
- Professional Development Activities
- Projects in my areas of professional interest
- Other _____

4. Referrals/Release of Information

I consent to the publication/communication of my name, preferred contact address, email & telephone

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	For a members list	<input type="checkbox"/>	<input type="checkbox"/>	Recruitment/job advertisements
<input type="checkbox"/>	<input type="checkbox"/>	For communication to members only	<input type="checkbox"/>	<input type="checkbox"/>	Product/workshop/conference ads
<input type="checkbox"/>	<input type="checkbox"/>	For communication to the public & members	<input type="checkbox"/>	<input type="checkbox"/>	PEIOTS approved surveys, etc.

5. Declaration

By signing below I agree to abide by the constitution/bylaws of the Prince Edward Island Occupational Therapy Society and submit appropriate evidence of eligibility.

Evidence of Eligibility:

- Applicants practising in Prince Edward Island must provide their Prince Edward Island Occupational Therapists Registration Board license number
- Non-practising applicants must provide a copy of professional diploma or evidence of membership in the national association of country of origin.

I declare that the above information is correct and have attached copies of all applicable documents

Signature: _____ **Date:** _____

PEIOTS **Membership Fee** will remain unchanged for this year at **\$70.00**.

Membership Fees are due **May 9th, 2008**. Please make **cheques payable** to Prince Edward Island Occupational Therapy Society.

Registrations and Fees can be forwarded to:

Heather Cutcliffe
 Physical Medicine Dept.,
 QEH,
 PO Box 6600, Ch'town,
 PEI C1A 8T5