### Occupational Therapy Society
#### Renewal Member Application Form

**Name:**

**Preferred Mailing Address:**  □ Home  □ Work

**Mailing Address:**

**Phone:**  
**Email:**

**Employer (if applicable):**  
**PEIOTRB License #:**

### Membership Fees

| Practicing          | Full Time (>800 hours per year) | $50.00
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<tbody>
<tr>
<td></td>
<td>Part Time (&lt;800 hours per year)</td>
<td>$35.00</td>
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<tr>
<td>Non-Practicing</td>
<td>(unemployed, studying, parental leave, etc.)</td>
<td>$25.00</td>
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<tr>
<td>Associate (retired)</td>
<td></td>
<td>$10.00</td>
</tr>
<tr>
<td>Life</td>
<td></td>
<td>$0</td>
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</tbody>
</table>

**Total submitted:**  

**Dollars:** $_______

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**I am interested in volunteering:**  □ Yes  □ No

**I consent to the communication of my information for society approved activities:**  □ Yes  □ No

**I declare that the above information is correct and I agree to abide by the constitution and policies of the Prince Edward Island Occupational Therapy Society.**

**Date:** ________________  
**Signature:** ________________________________

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**Registration forms and fees can be forwarded to:**

**Manon Gallant**  
**Physical Medicine Department**  
**QEY, PO Box 6600**  
**Charlottetown, PE C1A 8T5**