



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
- Part Time (<800 hours per year)\$35.00
- Non-Practicing (unemployed, studying, parental leave, etc.)\$25.00
- Associate (retired)\$10.00
- Life\$0

Total submitted: _____ \$ _____

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: _____

Registration forms and fees can be forwarded to:

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