## Canadian Association for Sandplay Therapy (CAST) Association canadienne pour la thérapie par le jeu de sable

www.sandplaycanada.ca

**2017 Membership Form:** For membership period January 1 – December 31, 2017 A late fee of \$20 will be applied to renewals received after or with post-mark later than Feb. 20, 2017

Name:	Email:	
Address:		
City:	Province: Postal Code:	
Phone: (Work):	Province: Postal Code: (Home):	
Language of choice: English	$\square$ French $\square$ French the business of the organization and is not distributed or	
Please indicate: New Member Profession:	·	
I am a member in good stand	ling of a regulatory body/College (e.g.: OCSWSSW): <b>Yes</b> $\square$ <b>No</b> $\square$	
Which regulatory body/Colleg	e?	
In the Province of:	e? Membership number:	
FEE STRUCTURE: <i>note late fee</i>	see above	
□ Regular Member \$ 110.0	)	
□ <b>Full-time student</b> [proof	of status required, send to Treasurer below] \$ 55.00	
OPTIONAL DONATION to help i	ncrease the recognition of Sandplay Therapy in Canada and abroad:	
•	5 □ \$10 □ \$20 □ Other amount :	
Cheques payable to Canadian	r via PayPal with renewal form processing online at our website, or; <b>Association for Sandplay Therapy</b> ent to the CAST Treasurer: Louise Thompson, 93 Doyle Dr. Guelph, ON, N1G	
WEBSITE LISTING INFORMATION	DN: The listing of CAST members on our website ( <u>www.sandplaycanada.ca</u> ) will	
	Vould you like your name to appear in the members' list for a year?	
•	same as it is now □ (Skip to next page)	
If applicable, please select the i	nformation you would like us to publish along with your name:	
$\square$ Name and title only	☐ <b>Address</b> (mailing or work)	
□ Email	Link to your professional website	
□ Phone number at work		
If any of the above should be d	fferent from the information at the top of this page, please detail below:	

Current use of sandplay:  □ Private practice	□ Poth agency and private practice
☐ Agency practice	<ul><li>☐ Both agency and private practice</li><li>☐ None (in training, retired, etc)</li></ul>
gee, p. dedice	( a.a
Your Sandplay Therapy clientele (if applicable):	
□ Children	☐ First nations
☐ Youth	☐ Groups
□ Adults	☐ Families and couples
□ Seniors	Other:
Languages you use in your work with clients:	
□ French	□English
□ Other:	-
IMPORTANT: Your membership requires your	signature regarding the following:
1. I have read and agree to abide by the CAST Gui	delines for Professional Practice - see
www.sandplaycanada.ca, Membership - Ethics.	
2. If I have any past or pending legal suit or crimin	<del>-</del> ·
a proceeding of professional misconduct, incompete	
or regulatory body - I will inform CAST immediately	·
within 30 days of such a suit or proceeding being fi	•
directly to the CAST Registrar, Barbara Dalziel, <u>barl</u>	
<ol><li>I also declare that I will only use the professional training, as confirmed through my notification of ac</li></ol>	
$\Box$ Level 1: Initial training, less than 40 hours of	<del>-</del>
	n 40 hours of training, "Sandplay Therapy Trainee"
☐ Level 3: Advanced Candidate, "Advanced Ca	— · · · · · · · · · · · · · · · · · · ·
☐ Level 4 and above: Certified, "CAST/ISST Ce	
4. If you are seeing clients for Sandplay Therapy in	·
insurance.	. , , ,
Please provide the broker/carrier name	and policy
number	
If you see clients only at an agency, you should be	covered by their group insurance, please provide
your agency name:	city
I have read, understand and agree to the above, (s	signature)
(date)	J ,
` ,	

Your CAST membership supports your national Sandplay organization in carrying out its responsibilities, as they are outlined in the 'Objects of the Corporation'. Thank you.