

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

**ATTENTION! THIS FORM IS FOR 2017 MEMBERSHIPS ONLY.**  
**New forms for next year will be posted mid-december. Thank you!**  
*A late fee of \$20 is included in amounts quoted below for renewing members.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_  
Language of choice: English  French   
*The information above is only used by CAST for the business of the organization and is not distributed or circulated to any other parties or groups.*

Please indicate: New Membership  Renewal   
Profession: \_\_\_\_\_  
I am a member in good standing of a regulatory body/College (e.g.: OCSWSSW): **Yes**  **No**   
Which regulatory body/College? \_\_\_\_\_  
In the Province of: \_\_\_\_\_ Membership number: \_\_\_\_\_


**FEE STRUCTURE:** *Prorated memberships for NEW MEMBERS ONLY! Renewing members are granted member status for all of 2017, and therefore must pay full membership fee plus late fee. Thank you!*

- Renewing Member** \$ 130.00
- Renewing Member, full-time student** [proof of status required, send to Treasurer below] \$ 75.00
- NEW MEMBER Oct 1-Dec31, 2017** \$ 55.00
- NEW MEMBER, full-time student Oct 1-Dec31, 2017** [proof required] \$ 27.50

OPTIONAL DONATION to help increase the recognition of Sandplay Therapy in Canada and abroad:  
 \$5  \$10  \$20  Other amount : \_\_\_\_\_

PAYMENT INFORMATION: Either via PayPal with renewal form processing online at our website, or; Cheques payable to **Canadian Association for Sandplay Therapy**  
Please mail this form with payment to the CAST Treasurer: Louise Thompson, 93 Doyle Dr. Guelph, ON, N1G 5B9, Canada.

WEBSITE LISTING INFORMATION: The listing of CAST members on our website ([www.sandplaycanada.ca](http://www.sandplaycanada.ca)) will be updated in the fall of 2017. Would you like your name to appear in the members' list for a year?  
**Yes**  **No**  **Yes, same as it is now**  (Skip to next page)

If applicable, please select the information you would like us to publish along with your name:  
 **Name and title only**  **Address** (mailing or work)  
 **Email**  **Link to your professional website**  
 **Phone number at work**  \_\_\_\_\_

If any of the above should be different from the information at the top of this page, please detail below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Current use of sandplay:

- Private practice  
 Agency practice

- Both agency and private practice  
 None (in training, retired, etc)

Your Sandplay Therapy clientele (if applicable):

- Children  
 Youth  
 Adults  
 Seniors

- First nations  
 Groups  
 Families and couples

Other: \_\_\_\_\_

Languages you use in your work with clients:

- French  
 Other: \_\_\_\_\_

English

**IMPORTANT: Your membership requires your signature regarding the following:**

1. I have read and agree to abide by the CAST Guidelines for Professional Practice - see [www.sandplaycanada.ca](http://www.sandplaycanada.ca), Membership - Ethics.
2. If I have any past or pending legal suit or criminal charge; or if I am or have been the subject of a proceeding of professional misconduct, incompetence or incapacity by any professional association or regulatory body - I will inform CAST immediately in the case of a current matter, or would do so within 30 days of such a suit or proceeding being filed against me. *This information is to be provided directly to the CAST Registrar, Barbara Dalziel, [barbara.dalziel@sympatico.ca](mailto:barbara.dalziel@sympatico.ca).*
3. I also declare that I will only use the professional Sandplay title appropriate for my current level of training, as confirmed through my notification of achievement of this level from the CAST Registrar:
  - Level 1: Initial training, less than 40 hours of training, no title
  - Level 2: Certification Programme, more than 40 hours of training, "Sandplay Therapy Trainee"
  - Level 3: Advanced Candidate, "Advanced Candidate in Sandplay Therapy"
  - Level 4 and above: Certified, "CAST/ISST Certified Sandplay Therapist"
4. If you are seeing clients for Sandplay Therapy in private practise you must have malpractice 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, (signature) \_\_\_\_\_  
(date) \_\_\_\_\_

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*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.*