

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

www.sandplaycanada.ca

2018 Membership Form: For membership period January 1 – December 31, 2018

A late fee of \$20 will be applied to renewals received after or with post-mark later than Feb. 20, 2018

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: *note late fee, see above*

Regular Member \$ 110.00

Full-time student [proof of status required, send to Treasurer below] \$ 55.00

OPTIONAL DONATION to help increase the recognition of Sandplay Therapy in Canada and abroad:

\$2 \$5 \$10 \$20 Other amount : _____

PAYMENT INFORMATION: Either via eTransfer (see instructions on the Membership page of 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) will be updated in March 2018. 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:

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, 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.*
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 _____

If you do not have insurance and need it, we recommend professional Liability insurance with HOLMAN INSURANCE BROKERS LTD. For more information, visit www.holmanins.com or call toll free: 1-800-567-1279 or email service@holmanins.com.

I have read, understand and agree to the above, (signature) _____
(date) _____

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.