



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

MEMBERSHIP RENEWAL FORM

Please send completed form with your annual fee to: The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, ON, M9B 6H7
 If you need assistance, please contact the TTNO Office @416-649-5885 or email @ memberships@ttno.ca

Renewal Year: 20

In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply to you and sign where indicated.

I give my permission to the TTNO:

To collect and use my personal information. This information shall be used solely for the TTNO membership records and to provide you with information about TTNO activities. It will not be released to outside parties except as required by law.

To include my personal information in this year's **TTNO Directory of Members**.

To send me emails regarding TTNO business news Upcoming events. Newsletter only

To use images of my person on the TTNO website or in the TTNO newsletter.

Signature Required _____ Date _____

CONTACT INFO	Name	Category: <input type="checkbox"/> AM <input type="checkbox"/> GM <input type="checkbox"/> RP <input type="checkbox"/> RT <input type="checkbox"/> EM <input type="checkbox"/> TE
	Address	Member #:
	City	Province:
	Email	Postal Code: _____ Phone: _____

EDUCATION	<i>Therapeutic Touch Level(s) and/or Educational Credits attended in previous year for Maintaining RP Status</i>		
	Name of Workshop or Event	Name of Teacher	Date (month/year)

MAINTAINING RP/RT STATUS	<input type="checkbox"/> I have met all the requirements for maintaining RP Status (See Maintaining RP status criteria attached)		
	<input type="checkbox"/> I have met all the requirements for maintaining RT Status (See Maintaining RT status criteria attached)		
	Status Change I would like to change my status to: <input type="checkbox"/> Year of Grace <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retirement		
BRANCH MEETINGS	<input type="checkbox"/> I lead a Branch Meeting Location	VOLUNTEER	<input type="checkbox"/> I would be willing to participate in/at:
	<input type="checkbox"/> I attend Branch Meetings Location		<input type="checkbox"/> TTNO Event/AGM
	<input type="checkbox"/> I would like to attend Branch Meetings		<input type="checkbox"/> TTNO Committee under the Board of Directors Area of Interest: <input type="checkbox"/> Therapeutic Touch Awareness Week

REFERRAL SERVICE	I wish to receive referrals from the:	<input type="checkbox"/> TTNO Referral Coordinator	<input type="checkbox"/> TTNO Website
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MEMBERSHIP FEES	Due Before January 31 of each Calendar Year
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Associate Member \$20.00 + \$2.60 (HST) = \$22.60	Pay by Mail or Phone TTNO Office		
General Member \$65.00 + \$8.45 (HST) = \$73.45	Note: Online Registration and Payments available		
Recognized Practitioner \$80.00 + \$10.40 (HST) = \$90.40	<input type="checkbox"/> Cheque	<input type="checkbox"/> \$ Order	<input type="checkbox"/> VISA
Recognized Teacher \$100.00 + \$13.00 (HST) = \$113.00	Mastercard Name on Card:		
External Member \$65.00 + \$8.45 (HST) = \$73.45	Card #:		
Teacher Emeritus \$60.00 donation	Expiry Date: Month <input type="checkbox"/> / Year <input type="checkbox"/> / CVC: <input type="checkbox"/>		
Newsletter Hard Copy requested \$30.97 + \$4.03 (HST) = \$35.00	<input type="checkbox"/> E-Transfer: memberships@ttno.ca		
Previous Category <input type="checkbox"/>	Donation: \$ _____ Signature: _____		