



## Play Therapy Canada

### Membership Application

Your contact details:						
<i>Full name &amp; title:</i>						
<i>Address (please use your country's address format if different):</i>						
Organisation (if applicable)						
Building/number/street						
City/Town						
State/County						
Postcode/Zipcode						
Country						
		Country Code	STD/Area Code	Number		
Telephones (Home)						
(Office)						
(Mobile)						
(Fax)						
Email Address						
Grade applied for: (please circle one only)	Trainee	Practitioner	Full Member - Certified	Approved Supervisor	PTI Certified Supervisor (if not already full member)	Associate Member
	CD\$110	CD\$220	CD\$240	CD\$110	CD\$195	CD\$110

<b>Academic Background</b>				
	<i>Specialisation/ Course Description</i>	<i>Awarding Institution</i>	<i>Level of Award</i>	<i>Date Awarded</i>
1				
2				
3				
4				
<b>Practice and Employment Record (if relevant):</b>				
	<i>Brief Job Description</i>	<i>Organisation</i>	<i>No Hours Clinical Contact with Children</i>	<i>Dates</i>
<b>Please concisely give any other information you feel is relevant to this application:</b>				

In making this application I acknowledge that if accepted as a Member of Play Therapy Canada, and I work therapeutically with children, I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.

**Signature**.....

**Date**.....

Please return this form together with a **passport style photograph** and a cheque for the appropriate membership fee (payable to "Play Therapy Canada").

**Payment may also be made online at:** <http://www.playtherapyshop.com/>

If paid online your form and photo may be emailed to [apacorg@aol.com](mailto:apacorg@aol.com).

If paying by cheque, please post to:

Tonia Crittenden, 633 Colborne Street, LL Suite 100, London, Ontario, N6B 2V3, Canada

If you have any queries please email [ptiorg@aol.com](mailto:ptiorg@aol.com)