

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

www.sandplaycanada.ca

2020 Membership Form: For membership period January 1 – December 31, 2020

A late fee of \$20 will be applied to renewals received after or with post-mark later than March 1, 2020

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
- Inactive member** [by special permission only; please communicate with the Board] \$ 25.00

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

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

PAYMENT INFORMATION: **eTransfer is recommended** (see instructions on the Membership page of our website); or via PayPal or cheque payable to Canadian Association for Sandplay Therapy.

Please mail this form along with the payment to the CAST Treasurer:

Ioanna Solomatina, 281 Kathleen St., Guelph, Ontario, N1H 4Y7

WEBSITE LISTING INFORMATION: The listing of CAST members on our website (www.sandplaycanada.ca) will be updated in 2020. 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**
- Email**
- Phone number at work**
- Address** (mailing or work)
- Link to your professional website**



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.