



## Saskatchewan Society of Occupational Therapists

### APPLICATION FOR STUDENT MEMBERSHIP

*IMPORTANT: This application must be accompanied by a letter from the applicant's Occupational Therapy program stating that the applicant is currently enrolled in the program. Applications will not be processed without this letter.*

#### PERSONAL DATA:

Mr. Mrs. Ms. Miss \_\_\_\_\_  
Last First

If you were employed or educated under a different name, please list: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City Prov Postal Code

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

#### POST-SECONDARY EDUCATION

1. Educational institution which you attend: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated Month and Year of Graduation: \_\_\_\_\_

Diploma or Degree that will be attained: \_\_\_\_\_

2. Educational institution attended (other): \_\_\_\_\_

Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Diploma or Degree that was attained: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Are you a recipient of a Saskatchewan Government Bursary?                      Yes                      No

If YES, for what duration? \_\_\_\_\_

**Have you ever:**

a) Been suspended, disqualified, censured, reprimanded or had disciplinary action instituted against you as a member of any body of occupational therapists?                      Yes                      No

b) Been suspended, disqualified, censured, reprimanded or had disciplinary action instituted against you as a member of any profession?                      Yes                      No

c) Been denied any membership, license or permit by any body of occupational therapists?                      Yes                      No

d) Been denied any membership, license or permit by any profession or governmental authority, the procurement of which required proof of good moral character?                      Yes                      No

e) Been suspended by or expelled from any post-secondary educational institution?                      Yes                      No

***If any of the above questions are answered affirmatively, give full details on a separate sheet***

I certify the above and enclosed information to be true, correct and complete:

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**The student membership year runs for the duration of your attendance at the stated Occupational Therapy Entry Level Program**

There is no fee for a student membership with the Saskatchewan Society of Occupational Therapists

**ADMINISTRATIVE USE ONLY**

Date application received: \_\_\_\_\_

Date registration card mailed: \_\_\_\_\_ Number \_\_\_\_\_ Registrar \_\_\_\_\_

Period of Registration: \_\_\_\_\_