



Membership Application

American Society of Hand Therapists • 401 North Michigan Avenue • Chicago, IL 60611-4267
312.321.6866 • 312.673.6670 (fax) • E-mail: info@asht.org • Web Site: www.asht.org

Please complete this application form in its entirety and mail or fax it to ASHT Headquarters. You may also complete our Membership Application on our secure Web site at www.asht.org, which will enable you to start receiving your membership benefits much faster!

CONTACT INFORMATION (Please print)

First _____	MI _____	Last _____
Credentials _____		

Please provide both addresses and check your preferred mailing address:

WORK INFORMATION

Company Name _____
 Street Address _____
 City _____ State/Province _____ ZIP _____
 Country _____
 Phone _____
 Fax _____
 E-mail _____

HOME INFORMATION

Street Address _____
 City _____ State/Province _____ ZIP _____
 Country _____
 Phone _____
 Fax _____
 E-mail _____

Please check here if you were previously a member of ASHT.

By submitting this application, you verify that all the information is correct.

ANNUAL MEMBERSHIP INVESTMENT

The ASHT membership year is **January 1 through December 31**. All applications received by December 31 of the current year will be included in the Membership Directory.

Type	Definition	Rights/Duties
Active	Limited to CHTs; must provide copy of HTCC certificate	May vote to elect Board of Directors; may hold elected office and participate on or chair committees
Associate	Includes certified or licensed Occupational Therapists or Physical Therapists; must provide copy of state license or AOTCB certificate	May vote to elect Associate representative; may serve on, but not chair, committees
Affiliate	Includes certified or licensed Occupational Therapy Assistants or Physical Therapy Assistants; must provide copy of state license or COTA certificate	May vote to elect Affiliate representative; may serve on, but not chair, committees

Resident Type	Annual Dues
Therapists	\$225
Students	\$45 (requires proof of entry-level student status)

METHOD OF PAYMENT

Check made payable to ASHT (Please use an envelope.) Amount _____
 Credit Card: Visa MasterCard American Express
 Credit Card Number _____ Expiration Date _____
 Name as it appears on card _____
 Signature of Cardholder _____

Dues payments to ASHT are not tax deductible as charitable contributions for income tax purposes, but may be deductible as a business expense. Please consult your tax advisor.

ADDITIONAL INFORMATION

The following information will be used for demographic purposes only. Your response is optional but appreciated.

PRACTICE SETTING

- Outpatient Clinic
- Private Practice
- Hospital
- Rehabilitation Center
- Academic
- Research
- Not currently Practicing
- Other _____

POSITION AT WORK

- Full Time Therapist (100% hands)
- Full Time Therapist (partial hands)
- Part Time Therapist (100% hands)
- Part Time Therapist (partial hands)
- Supervisor/Manager
- Administrator
- Owner of a Private Practice
- Researcher
- Educator
- Case Manager
- Other _____

MEMBERSHIPS IN OTHER ORGANIZATIONS

- AOTA
- APTA
- AAHS
- ASSH
- Other _____

DATE OF BIRTH _____
(mm/dd/yyyy)

GENDER Male Female

SPECIAL INTEREST GROUPS

Join a Special Interest Group (SIG) and receive free updates via e-mail on topics affecting ASHT, your membership, your practice, or the hand therapy profession on a whole. Sign up for one or all four.

- Education
- Government & Payors
- Membership
- Research

Be sure to include your e-mail address for frequent updates about ASHT and your profession!

Membership Benefits

Membership in ASHT guarantees the education, networking, affordability and professionalism you need to excel in the hand therapy profession! Now you can be an advocate of quality patient care, up-to-date information on educational resources and research, new practices and standards, healthcare policy and legislation at the local and national levels, all while enhancing your own personal career!

As a member of ASHT, you will receive numerous benefits, including:

- A subscription to the *Journal of Hand Therapy*, which you will receive four times per year.
- A subscription to the *ASHT Times*, the quarterly newsletter of the Society, which will keep you informed of ASHT happenings as well as professional news.
- The *ASHT Membership Directory*, which provides a list of members' addresses, telephone numbers, and practice locations, and can increase patient referrals. Check the most up-to-date *Membership Directory* at www.asht.org!
- Significantly discounted registration to the ASHT Annual Meeting and ASHT sponsored workshops.
- Discounts on all ASHT publications including a number of *Treatment Guidelines*, *Patient Education Leaflets*, *English/Spanish Phrase Book*, and more.
- Discounts on all of our home study programs, which provide you with continuing education for recertification: the Read & Respond Program, Online Courses from the Annual Meeting, the Cadaver CD-ROM, and the Certification Study Module.
- Access to ASHT's Member Center on www.asht.org, where you can network with other hand therapists by posting questions to multiple bulletin boards.
- An opportunity to network with therapists from all over the U.S. and around the world.

Associate Members will be able to take advantage of all these benefits while also enhancing their knowledge of hand therapy by receiving educational assistance for the CHT Exam.

Additionally, Active Members of ASHT will have the opportunity to:

- Participate in a committee or on the Board of Directors and receive leadership training.
- Vote for ASHT Board Members, Society policies, and bylaws.

As you can see, ASHT has it all: education, networking, affordability, and professionalism! Join today to start receiving these great benefits and more!



401 North Michigan Avenue
Chicago, Illinois 60611

PLACE
STAMP
HERE

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