DON'T LOSE ACCESS TO YOUR VALUABLE MEMBER BENEFITS!

2024 MEMBERSHIP RENEWAL/APPLICATION

JANUARY 1 - DECEMBER 31, 2024



Please complete this application form and submit with payment to ASHT. You may also join ASHT or renew your membership online at http://www.asht.org/join/

CONTACT INFORMATION	PAYMENT		
Name	PROFESSIONAL MEMBERSHIP DUES Choose Member Type (details on reverse side)		
Credentials	☐ Active (Current CHT) \$275	☐ Associate \$275	
	□ New CHT* \$225	☐ Associate - Step Up* \$215	
Preferred Email	☐ Affiliate \$225	☐ Fellow* \$80	
	☐ Student* \$60	☐ Retired* \$90	
□ New Member □ Current Member □ Previous Member	☐ Student New Member* \$30	☐ Multiyear Member (Two Years) \$510	
Member ID (if known)	☐ Leave of Absence* \$90 *Verification required	\$310	
New? How did you hear about us?		☐ Tier 1 – Minimum 3 members at 7% total discount ☐ Tier 2 – 4-9 members	
PLEASE CHECK YOUR PREFERRED MAILING ADDRESS	☐ Group Membership	at 10% total discount Tier 3 – 10-19 members at 15% total discount Tier 4 – 20+ members	
□ Work		at 20% total discount	
Business Name	If Affiliate, please specify:		
	Subscribe to ASSH Journal of Hand Surgery		
Street Address	ASHT members receive almost	·	
CityStateZIP	□ \$150/year (12 issues) \$_		
- State Στι	PLEASE CONSIDER A DONATION TO SUPPORT ASHT:		
Country	Vision Fund Support ASHT's strategic initiatives in advocacy, education and research		
Phone Fax	Awards & Scholarships Fun		
Email	-	ognizing professional development	
□ Home	Annual Meeting Sessions Fund Help ASHT continue the quality programs hand therapists need \$50 \$\square\$		
Street Address	TOTAL PAYMENT \$	· · · · · · · · · · · · · · · · · · ·	
City State ZIP	☐ VISA ☐ MasterCard ☐ American Express		
Country	Account #:	CVV:	
	Card Holder's Name:		
PhoneFax	ZIP Code of Billing Address: Signature:		
Feed	☐ Check enclosed		
Email		o ASHT. Mailing address on reverse.	
NOTE: Your work address will automatically be listed in ASHT's Locate a Member Therapist directory.	ו ופמסט ווומחט טווטטחס ממאמטוט נ	o noi ii. iviaiiiiiy audi təə vii i tivtiət.	
☐ I do not wish to be listed in ASHT's Locate a Member Therapist directory.			

"Please note that a portion of your annual dues for membership is for a one-year subscription to the Journal of Hand Therapy. ASHT dues payments are not tax deductible as charitable contributions for income tax purposes but may be deductible as a business expense. For more information, please consult your tax advisor.

PLEASE HELP US BETTER UNDERSTAND AND ANTICIPATE YOUR NEEDS

The information collected will be used for demographic purposes only.

Practice Setting Academic Hospital Outpatient Clinic Rehabilitation Center Research Not currently practicing Another option not listed (please specify) Special Interests Academia/Research Dry Needling Ergonomics/Work Conditioning Lymphedema Neuro Pediatrics Performing Arts Prosthetics Rural-Solo Practitioners Sports Injuries/ Athletes Wound Care/Burns Another option not listed (please specify) Position at Work Full-Time Therapist (100% hands) Part-Time Therapist (partial hands) Supervisor/Manager Administrator Owner of a Private Practice Researcher	□ Educator □ Case Manager □ Another option not listed (please specify) What licensure category do you belong to? □ Occupational Therapist □ Occupational Therapist □ Physical Therapy Assistant □ Physical Therapy Assistant □ Doctor of Medicine □ Another option not listed (please specify) Number of years of practice in hand and upper extremity therapy □ 0-5 □ 6-10 □ 11-15 □ 16-20 □ 21-25 □ 26-30 □ 31+ To which age group do you belong? □ 20-39 □ 30-39 □ 40-49 □ 50-59 □ 60-69 □ 70 and above	What is your racial or ethnic identity(ies)? American Indian or Alaskan Native Asian or Asian American Hispanic, Latino, Latina or Latinx Middle Eastern or Northern African Native Hawaiian or Pacific Islander South Asian Southeast Asian White Prefer not to say Another option not listed (please specify) What is your gender identity? Woman Man Genderqueer Non-Binary Transgender I prefer not to self-identify Another option not listed (please specify)	Membership in other allied organizations: AOTA	What degrees have you earned? (check all that apply) Academic Associate AS AS Bachelor's BA BS Master's MA MBA MBA MPH MS Doctorate DHS DHSC DHSC DPT EdD OTD PhD Professional DO MMD Another option listed (please specify)
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MEMBERSHIP CATEGORIES				
Member Type	Annual Dues	Eligibility	Features	
** New** Group Membership		Open to clinics, hospitals, institutions and companies with three or more employees.	Tier 1 — Minimum of 3 members at 7% total discount Tier 2 — 4-9 members at 10% total discount Tier 3 — 10-19 members at 15% total discount Tier 4 — 20+ members at 20% total discount	
Multiyear Membership	\$510 for two years	Open to Active and Associate members	Save on annual membership by bundling two years of dues into one payment	
Active	\$275	Open to any registered or licensed occupational or physical therapist, who also holds the Certified Hand Therapist (CHT) credential.	An Active member may vote on all elective offices, hold elected office and serve on (or chair) committees.	
New CHT	\$225	Open to any registered or licensed occupational or physical therapist, who earned the Certified Hand Therapist (CHT) credential within the past 12 months.		
Associate	\$275	Open to any registered or licensed occupational or physical therapist or foreign-trained therapist.	An Associate member may vote on all elective offices and serve on (but not chair) committees.	
Step-Up	\$215	Open to graduates from a basic entry-level occupational or physical therapy program, or a post-professional doctoral program within the past 12 months. Candidates must send a letter from their department chair on university stationary stating graduation status.	A Step-Up (Associate) member may vote on all elective offices and serve on (but not chair) committees. (Verification required.)	
Fellow	\$80	Open to any registered or licensed occupational or physical therapist who is participating in a full-time, residential fellowship program that pays with a stipend or a decreased salary. Candidates must send a letter from their fellowship coordinator indicating their participation in the fellowship and the type of payment/level of financial strain. This membership category can only be utilized for one year of a fellowship.	A Fellow member may vote on all elective offices and serve on (but not chair) committees. (Verification required.)	
Affiliate	\$225	Open to registered or licensed occupational or physical therapy assistants, nurse practitioners, hand surgeons and other allied health professionals involved in the practice of hand therapy.	An Affiliate member may serve on (but not chair) committees. Affiliate members cannot vote.	
Student	\$60	Open to students enrolled full time in a basic entry-level occupational or physical therapy program, or who are full-time students in a post-professional doctoral program. Candidates must send a letter from their department chair on university stationary stating enrollment status. Discounted, first-year introductory rate (\$30) for new student members.	A Student member may serve on (but not chair) committees. Student members cannot vote. (Verification required.)	
Retired	\$90	Open to any current Active or Associate member who is no longer practicing but wishes to remain connected to the Society. ***	***Applications for Active Retired, Associate Retired, Active Leave of Absence of Associate Leave of Absence must be made in writing. Applications will be considered on a case by case basis. More information is available from ASHT Member Services at 856-380-6856. NOTE: These categories are intended for members who are unemployed or employed for less than 10 hours a week. Requires a signed statement outlining the reason for the leave of absence. Supporting documentation is required.	
Leave of Absence	\$90	Open to any current Active or Associate member who has taken a planned or unplanned leave of absence from the profession.		