

Shiatsu Therapy Association of BC Membership Application

Bi-Yearly Membership Application Date

Application Date (Day/Month/Year)

First and Last Name

Company Name if Applicable

Phone Number

Email Address

Address

Address (Line 2)

City

Province

Postal Code

Can the Above address be used for public display on website?

If No, Please provide address for public display

Gender

Female

Male

Current Employment

MEMBERSHIP TYPE

Type of Membership

If Renewing, RST #

Have you ever had a certificate, license of professional credential revoked?

If Yes, Please Explain

NEW MEMBERS SECTION: TRAINING

Shiatsu School Attended

School Address

School Contact Name & Number

NEW MEMBERS PLEASE ATTACH A COPY OF FIRST AID/CPR, DIPLOMA & SCHOOL CIRRICULUM, INSURANCE WITH APPLICATION

RENEWING MEMBERS PLEASEE ATTACH A COPY OF YOUR FIRST AID/CPR, CONTINUING CREDITS, INSURANCE WITH APPLICATION

List any school or Provincial certifications, including other health professions:

If you belong to any other professional associations, please list association name and your membership number

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INSURANCE

Do You currently carry insurance

The STA of BC now has a policy to carry mandatory insurance, on completion of your membership requirements, along with your certificate from the STA we will provide you with information on where it is advisable to apply for insurance. Your obligation then is to provide your Insurance Company name and policy number to the STA of BC. every year

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MEMBERSHIP

Do you have skills that would help the Shiatsu Therapy Association of BC?

Continued operation of the Shiatsu Therapy Association of BC depends on Volunteers. (For example, accounting, legal, fund raising, advertising, graphic arts, workshop organizing and /or presenting.)

Would you be interested in volunteering for your organization?

What would you be interested in?

CONTINUING EDUCATION CREDITS- RENEWING MEMBERS

Members are required to complete 16 hours of continuing credits every 2 years which includes CPR/First Aid
If you have any questions please email sta@shiatsutheraPy.ca and put "CE QUESTIONS" in the subject line

Do you have continuing Education documents to submit

PAYMENT OPTIONS:

E-transfers are not accepted

PAYPAL

Payments can be made on our website via Paypal

CREDIT CARD OPTION

Invoice can be sent via Square Reader

*Please scan and send a copy of your insurance, continuing education credits and first aid (if applicable)

PAYMENT BY CHEQUE

Please make your **cheque** out to **Shiatsu Therapy Association of BC,**

Please Mail your cheque, insurance, first aid and other applicable paperwork to: Shiatsu Therapy Association of BC, P.O. Box 74102 Hillcrest RPO, Vancouver, BC, V5Z 5C8

NSF Fee is \$50 and Memberships are non-refundable

PLEASE NOTE: YOUR DESIGNATION IS " R.S.T. "

Payment & Certificate Options

Emailed Certificates may take 3-14 days

Mailed Certificates may take 2-6 weeks