



Nova Scotia Recreation Professionals in Health

Please submit form with payment and make cheques payable to:
Nova Scotia Recreation Professionals in Health
c/o Ashley Penton 2615 Northwood Terrace Halifax, NS B3K 3S5
apenton@nwood.ns.ca

NSRPH MEMBERSHIP APPLICATION

Membership Fee: \$50.00 for Active or Associate/\$20.00 for Student

NAME: _____ PHONE: (W) _____ (H) _____
 ADDRESS: _____
 FACILITY: _____
 E-MAIL: _____ REGION: _____
 POSITION/TITLE: _____ NUMBER OF RESIDENTS: _____
 Correspondence to be sent to: Home Facility

Active Membership Criteria: 1. Employed in the field of recreation within a healthcare setting or be affiliated with a post-secondary recreation education program in Nova Scotia. 2. Submit a completed membership application and fee to the membership chairperson. 3. Uphold the constitution and comply with the by-laws of the association. 4. Participate in the affairs of the association.

Please check one of the following categories: New Renewal
 Please indicate your position title: Recreation Programmer Recreation Therapist (CTRS)
 Recreation Manager Other:

Associate Member Criteria: 1. Associated with recreation within a healthcare setting. 2. Submit a completed membership application and fee to the membership chairperson. 3. Uphold the constitution and comply with the by-laws of the association.

Please check one of the following categories: New Renewal
 Volunteer: _____
 Other: _____

Student Member Criteria: 1. Registered as a full time student in a post-secondary recreation education program 2. Submit a completed membership application and fee to the membership chairperson. 3. Uphold the constitution and comply with the by-laws of the association.

Please check one of the following categories: New Renewal
 University/Community College Program: _____

PHOTO RELEASE:
 I hereby authorize NSRPH to publish photos or images taken of me and my name for use by NSRPH for printed publications & websites.
 Applicant Signature: _____ Date: _____

MEMBERSHIP TRANSFER:
 I hereby authorize NSRPH to transfer my membership to the Nova Scotia Therapeutic Recreation Association on June 1st, 2018.
 Applicant Signature: _____ Date: _____

For Registration Use Only

Payment: CASH _____ Cheque# _____ Amount Paid: _____
 Date Received: _____ Registration # _____ Region: _____
 Membership Package Provided: Yes No Date Issued: _____