



# Nova Scotia Recreation Professionals in Health

Membership year is November 1-October 31 - All fees must be paid by July 31<sup>st</sup>

Please submit form with payment and make cheques payable to:

Nova Scotia Recreation Professionals in Health

c/o Kendra Baldwin

25 Xavier Drive, Sydney, NS B1S 2R9

kendra.baldwin@mggh.org

**Membership Fee \$50.00 before December 31<sup>st</sup> or \$60.00 After December 31<sup>st</sup>**

## NSRPH MEMBERSHIP APPLICATION

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 in 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**

Recreation Programmer

Recreation Therapist (CTRS)

Recreation Manager

### 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 (\$20)

**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: \_\_\_\_\_

### NSRPH Committee & Board Participation:

I would like more information on board positions or becoming involved with committees at the board level.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_

### For Registration Use Only

Payment: CASH _____	Cheque # _____	Amount Paid: _____
Date Received: _____	Registration # _____	Region: _____
Membership Package Provided: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Issued: _____