

NSRPH MEMBERSHIP APPLICATION

(Please submit with cherub)

Active Membership:

New (Please check one of the following categories) **Renewal**

Recreation Programmer (Recreation CC Diploma) _____

Recreation II (Recreation Degree) _____

Recreation Therapist (Certified Therapist) _____

Recreation Manager (Rec. degree + 5 years manager healthcare) _____

Associate:

New (Please check one of the following categories) **Renewal**

Student - Field Study _____

Volunteer _____ Do not meet active member criteria _____

Other _____

NAME: _____

PHONE: _____

HOME ADDRESS: _____

FACILITY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

REGION: _____

POSITION/TITLE: _____

NUMBER OF RESIDENTS: _____

Correspondence to be sent to: HOME ① FACILITY ①

Membership must be paid by July 31st.

ANNUAL MEMBERSHIP FEES \$30.

NSRPH membership year is Nov. 1 - Oct. 31.

Please make cheques payable to:

**Nova Scotia Recreation Professionals in Health
and forward to the Membership Co-ordinator.**

info@nsrph.com