

**Canadian Association for Sandplay Therapy (CAST)**  
**Association canadienne pour la thérapie par le jeu de sable**

[www.sandplaycanada.ca](http://www.sandplaycanada.ca)

**2018 Membership Form:** For membership period January 1 – December 31, 2019

*A late fee of \$20 will be applied to renewals received after or with post-mark later than Feb. 25, 2019*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Language of choice: English  French

*The information above is only used by CAST for the business of the organization and is not distributed or circulated to any other parties or groups.*

Please indicate: New Membership  Renewal

Profession: \_\_\_\_\_

I am a member in good standing of a regulatory body/College (e.g.: OCSWSSW): **Yes**  **No**

Which regulatory body/College? \_\_\_\_\_

In the Province of: \_\_\_\_\_ Membership number: \_\_\_\_\_

FEE STRUCTURE: *note late fee, see above*

- Regular Member** \$ 110.00
- Full-time student** [proof of status required, send to Treasurer below] \$ 55.00
- Inactive member** [by special permission only; please communicate with the Board] \$ 25.00

OPTIONAL DONATION to help increase the recognition of Sandplay Therapy in Canada and abroad:

- \$2  \$5  \$10  \$20  Other amount : \_\_\_\_\_

PAYMENT INFORMATION: **eTransfer is recommended** (see instructions on the Membership page of our website); or via PayPal or cheque payable to Canadian Association for Sandplay Therapy.

Please mail this form along with the payment to the CAST Treasurer:

**Louise Thompson, 93 Doyle Dr. Guelph, ON, N1G 5B9, Canada.**

WEBSITE LISTING INFORMATION: The listing of CAST members on our website ([www.sandplaycanada.ca](http://www.sandplaycanada.ca)) will be updated in March 2018. Would you like your name to appear in the members' list for a year?

**Yes**  **No**  **Yes, same as it is now**  (Skip to next page)

If applicable, please select the information you would like us to publish along with your name:

- Name and title only**
- Email**
- Phone number at work**
- Address** (mailing or work)
- Link to your professional website**



If any of the above should be different from the information at the top of this page, please detail below:

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Current use of sandplay:

- Private practice  
 Agency practice

- Both agency and private practice  
 None (in training, retired, etc)

Your Sandplay Therapy clientele (if applicable):

- Children  
 Youth  
 Adults  
 Seniors

- First nations  
 Groups  
 Families and couples

Other: \_\_\_\_\_

Languages you use in your work with clients:

- French  
 Other: \_\_\_\_\_

- English

**IMPORTANT: Your membership requires your signature regarding the following:**

1. I have read and agree to abide by the CAST Guidelines for Professional Practice - see [www.sandplaycanada.ca](http://www.sandplaycanada.ca), Membership - Ethics.
2. If I have any past or pending legal suit or criminal charge; or if I am or have been the subject of a proceeding of professional misconduct, incompetence or incapacity by any professional association or regulatory body - I will inform CAST immediately in the case of a current matter, or would do so within 30 days of such a suit or proceeding being filed against me. *This information is to be provided directly to the CAST Registrar, Barbara Dalziel, [barbara.dalziel@sympatico.ca](mailto:barbara.dalziel@sympatico.ca).*
3. I also declare that I will only use the professional Sandplay title appropriate for my current level of training, as confirmed through my notification of achievement of this level from the CAST Registrar:
  - Level 1: Initial training, less than 40 hours of training, no title
  - Level 2: Certification Programme, more than 40 hours of training, "Sandplay Therapy Trainee"
  - Level 3: Advanced Candidate, "Advanced Candidate in Sandplay Therapy"
  - Level 4 and above: Certified, "CAST/ISST Certified Sandplay Therapist"

4. If you are seeing clients for Sandplay Therapy in private practise you must have malpractice insurance.

Please provide the broker/carrier name \_\_\_\_\_ and policy number \_\_\_\_\_.

If you see clients only at an agency, you should be covered by their group insurance, please provide your agency name: \_\_\_\_\_ city \_\_\_\_\_

If you do not have insurance and need it, we recommend professional Liability insurance with HOLMAN INSURANCE BROKERS LTD. For more information, visit [www.holmanins.com](http://www.holmanins.com) or call toll free: 1-800-567-1279 or email [service@holmanins.com](mailto:service@holmanins.com).

I have read, understand and agree to the above, (signature) \_\_\_\_\_  
(date) \_\_\_\_\_

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*Your CAST membership supports your national Sandplay organization in carrying out its responsibilities, as they are outlined in the 'Objects of the Corporation'. Thank you.*