

Payment by Mail Form

Membership Dues: For period January 1 – December 31 of the year 20____

A late fee of \$20 is applied to renewals received after or with post-mark later than March 1 of the calendar year

Name: _____

Email REQUIRED: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Work): _____ (Home): _____

Please indicate: New Membership Renewal

FEE STRUCTURE: *note late fee, see above*

Regular Member \$ 110.00 (plus \$20 late fee, if applicable)

Full-time student \$ 55.00 (plus \$20 late fee, if applicable)

NOTE: **proof of status required, send with this form**

Inactive member [by special permission only; please communicate with our Administrator at administrator@sandplaycanada.ca] \$ 25.00

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

\$5 **\$10** **\$25** **Other amount :** _____

PAYMENT INFORMATION: Make cheque payable to Canadian Association for Sandplay Therapy.

Please mail this form along with the payment to:

Samira Alishanova, CAST Treasurer, 775 Steeles Ave West #205, North York, ON M2R 2S8

I acknowledge that I have filled out the Online Membership Form, without which my Membership cannot be completed.

(signature) _____

(date) _____

Our administrative team will send you an official receipt.

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