

NEW MEMBER WELCOME LETTER

Dear New Member,

Welcome to the Therapeutic Touch Network of Ontario (TTNO)! We are so pleased that you have decided to join our Therapeutic Touch® community. Once we have received your application form and payment, you will begin to receive an electronic copy of our quarterly newsletter, *inTouch*, as well as information about how to access the Members Only section of the website. *New members who apply after September 30 in any year will be registered for the following full year and will also receive immediate access to the benefits of membership for the year in which they register.*

If you are joining as a General or External member, **make sure to sign your name in the space provided for “required signature”** as well as for the optional inclusion in this year’s Directory of Members. You will also need to sign the “*Statement of Ethics and Conduct*” (page 2). We are happy to offer you your first year of membership at half price (\$27.50 plus HST). Your second year will be paid at the regular membership price of \$55.00 plus HST.

If you are joining as an Associate Member, you need only to complete your contact information. The “Education, Branch Meetings or Volunteers Sections” of the application form are not required, unless they are relevant to you (ie: you attend Branch Meetings). You will begin receiving your electronic copies of the newsletter immediately following the processing of your payment.

If you choose to receive a hard copy of the *inTouch* newsletter, please indicate this and include the extra cost of \$25.00 with your payment.

For assistance with your application please contact the TTNO Office at the above phone number on Wednesday or Friday from 10 AM to 5 PM. Payment options include:

OPTION 1: CANADA POST

Complete the New Member Application and Ethics Forms and return them along with your payment to the TTNO office at the above address.

OPTION 2: EMAIL

Download the “New Member Application Form” from the website onto your computer, complete and sign and then save the file and email it as an attachment to the TTNO office at memberships@ttno.ca. Then, phone the TTNO office at the above number with your credit card information to complete the process.

On line payment is not currently available for new member applications.

Once again, welcome to the TTNO! We are thrilled to have you in our network of Therapeutic Touch practitioners.

Sincerely,



Membership Chair



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

NEW MEMBERSHIP APPLICATION FORM

Please mail this form along with a signed "Statement of Ethics Conduct for the Practice of Therapeutic Touch[®]" and payment to:

The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, Ontario, M9B6H7

If you need assistance, please phone the TTNO office at 416-649-5885 or email at memberships@ttno.ca

In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply for you and sign where indicated.

I give my permission:

- To the TTNO to collect and use my personal information. This information shall be used solely for the TTNO membership records, and to provide you with information about TTNO activities. It will not be released to outside parties except as required by law.
- For my personal information to be included in this year's **TTNO Directory of Members**
- To the TTNO to send me emails regarding TTNO business and upcoming events.
- To the TTNO to use images of my person on the website, in the newsletter or for the production of promotional or educational material for the advancement of Therapeutic Touch[®] in **any medium, electronic or print.**

Signature Required _____ **Date** _____

Please Print Clearly

CONTACT INFO	Name		Phone #:		
	Address				
	City	Province:	Postal Code:		
	Email				

EDUCATION	<i>Therapeutic Touch Levels and/or TTNO Workshops, Retreats, Professional Development Days</i>		
	Name of Workshop or Event	Name of Teacher	Date (month/year)

BRANCH MEETINGS	<input type="checkbox"/> I attend Branch Meetings Location _____	VOLUNTEERS	I would be willing to participate in/at:
	<input type="checkbox"/> I would like to attend Branch Meetings		<input type="checkbox"/> TTNO Conference/AGM/TTAW
			<input type="checkbox"/> TTNO Committee under the Board of Directors <input type="checkbox"/> TTNO Office <input type="checkbox"/> Other

FEES	I HAVE ENCLOSED <input type="checkbox"/> Cheque <input type="checkbox"/> \$ Order	I AM PAYING BY: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard (Please phone the office with your card information)
	<input type="checkbox"/> Associate Member \$15.00 + \$1.95 (HST) = \$16.95	Name on Card:
	<input type="checkbox"/> General Member \$27.50 + \$3.58 (HST) = \$31.08	Card #:
	<input type="checkbox"/> External Member \$27.50 + \$3.25(HST) = \$31.08	Expiry Date: Mon ____ /Yr ____ / CVC ____
	<input type="checkbox"/> Newsletter Hardcopy \$22.12+\$2.88(HST)= \$25.00	Signature:



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

NEW MEMBER STATEMENT OF ETHICS

STATEMENT OF ETHICS AND CONDUCT FOR THE PRACTICE OF THERAPEUTIC TOUCH®

1. I will conduct my practice of Therapeutic Touch® in accordance with the generally accepted principles of Therapeutic Touch as developed by Dolores Krieger, PhD, RN and Dora Kunz, and the guidelines of the Therapeutic Touch Network of Ontario (TTNO).
2. In advance of Therapeutic Touch sessions, I will make clear to the client any fees that I will charge for my service. I will ensure that all interpersonal transactions between the client and me are non-exploitive and essential to her/his care.
3. I will refrain from selling any product or other service to the client, when referred by The Therapeutic Touch Network of Ontario Referral Service
4. I acknowledge that Therapeutic Touch may increase the rapport between the client and me; therefore I will keep all information in strict confidence.
5. In accordance with Personal Information Protection and Electronic Documents Act (PIPEDA), I will keep all client information in a safe, secure, private location. I will not share any information without written consent from the client. When client information is no longer needed it will be shredded and destroyed.
6. Unless they are directly involved in the Therapeutic Touch session, I will not take another person with me to a session.
7. I will not use Therapeutic Touch as a basis for psychotherapy, spiritual or other counseling, unless I have the training and qualifications to do so, as well as permission of the client.
8. I will focus on the needs of the client and will refrain from discussing my personal issues with the client.
9. I will regularly evaluate my strengths, limitations and levels of effectiveness. I will strive for self-improvement and seek to enhance my abilities by means of further education and training.
10. In any Therapeutic Touch session, I will maintain the highest integrity, keeping the interest of the client foremost, and I will conduct all sessions in a manner that upholds the reputation of Therapeutic Touch throughout the world.
11. I will not hold The Therapeutic Touch Network of Ontario responsible for any consequences resulting from my practice of Therapeutic Touch.
12. I understand that, should The Therapeutic Touch Network of Ontario receive any complaints about my sessions, or my conduct, I will be notified of that complaint. If, after due process of investigation, a mutually acceptable resolution of any associated problems cannot be achieved, the TTNO has the right to withdraw my name from the list of members of The Therapeutic Touch Network of Ontario.

Print Name _____

Signature _____ Date _____