The Therapeutic Touch Network of Ontario
10 Four Seasons Place, Suite 1000
Toronto, ON M9B 6H7
Phone: 416-649-5885
Email: memberships@ttno.ca

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, in*Touch*, 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.

You may notice a new, optional question on our forms asking which age group you belong to. TTNO is beginning to gather basic demographic information to better understand who we are currently serving and how we can reach new audiences. This will help us make choices about communications and outreach, ensuring that we are using the platforms and formats that best connect with our community. Providing this information is completely voluntary and your responses will be kept confidential.

If you are joining as an Associate Member, you need only to complete your contact information. Your fee of $22.60 ($20.00 plus HST) provides you with quarterly electronic copies of the TTNO newsletter only. We are grateful for your support of Therapeutic Touch, the TTNO and the work we do. You DO NOT require formal training in Therapeutic Touch.

If you are joining as a General Member 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 3). We are happy to offer you your first year of membership at half price ($32.50 plus HST). Your second year will be paid at the regular membership price of $65.00 plus HST. Benefits include quarterly electronic copies of the in*Touch*, TTNO newsletter, full access to the members section of the website, and member discounts at all TTNO events.

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 $35.00 with your payment.

For assistance with your application please contact the TTNO Office at the above phone number on Tuesdays and Thursdays from 10 am to 5 pm. Payment options include:

OPTION 1: ONLINE FORM AND PAYMENT

Fill in the required information using the online New Member Application Form.
When completed, Click on the "Add to Cart" button and you will be taken to your Shopping Cart. Please review the information. If you're satisfied, click on "Proceed to Checkout". If not, delete the cart item and start again. Once you are on the Checkout page, you have the option of paying by e-Transfer, cheque, credit card or PayPal.

OPTION 2: EMAIL PLUS CREDIT CARD

Download the New Member Application Package from the website onto your computer. It is a fillable form so you need to save it with a new name to keep your information. You can email it as an attachment to the TTNO office at memberships@ttno.ca. Then, phone the TTNO office at the number above with your credit card information to complete the process. Do not send credit card information in your email.

OPTION 3: EMAIL PLUS E-TRANSFER

Same as Option 2 indicating e-Transfer as your selected method. Email e-Transfer payment to memberships@ttno.ca. The renewal will be processed once both payment and renewal form are received.

OPTION 3: CANADA POST

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

Sincerely



Anne Davies
TTNO Membership Chair

THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

NEW MEMBERSHIP APPLICATION FORM

Please send completed form with your annual fee to: The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, M9B 6H7

If you need assistance, please contact the TTNO Office @416-649-5885 or email @ memberships@ttno.ca.

Renewal Year:	**20_____**

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.*
- ☐ *To include my personal information in this year's TTNO Directory of Members*
- ☐ *To send me emails regarding* ☐ *TTNO business news* ☐ *Upcoming events* ☐ *Newsletter only*
- ☐ *To use images of my person on the website or in the TTNO newsletter*

Signature Required _____ **Date** _____

CONTACT INFO				
	Name		Phone Number	
	Address			
	City		**Province:**	**Postal Code:**
	Email			

Age Group - Providing this information is completely voluntary and your responses will be kept confidential.

☐ Prior to 1946 ☐ 1946 – 1964 ☐ 1965 – 1980 ☐ 1981 – 1996 ☐ 1997 – 2012 ☐ 2013 – present

EDUCATION	***Therapeutic Touch Level(s) and/or TTNO Workshops, Retreats, Professional Development Days***		
	Name of Workshop or Event	**Name of Teacher**	**Date (month/year)**

BRANCH MEETINGS	
	☐ I attend Branch Meetings
	Location
	☐ I would like to attend Branch Meetings
	Location

VOLUNTEER	**I would be willing to participate in/at:**
	☐ TTNO Conference
	☐ Therapeutic Touch Awareness Task (TTAW) Group
	☐ TTNO Committee under the Board of Directors
	☐ Other Area of Interest

MEMBERSHIP CATEGORIES AND FEES

☐ Associate Member $20.00 + $2.60 (HST) = $22.60	☐ **I have paid by e-Transfer at memberships@ttno.ca**
☐ General Member $32.50 + $4.23 (HST) = $36.73	**I have enclosed a** ☐ Cheque ☐ $ Order
☐ External Member $32.50 + $4.23 (HST) = $36.73	**I plan to pay by** ☐ Visa ☐ Mastercard
☐ Newsletter Hardcopy requested $30.97 +$4.03 (HST) = $35.00	**and will contact the office with my card informaion**
	Note: Online registration and payment is available from the website at https://www.therapeutictouchontario.org
	If you need assistance please contact the office at 416-649-5885 or memberships@ttno.ca
I have included a donation to the TTNO of $	

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 *Curriculum and Guidelines for Teaching Therapeutic Touch* of The Therapeutic Touch Network of Ontario (TTNO).

2. Before Therapeutic Touch sessions, I will make it clear to the healing partner (Hp) any fees that I will charge for my service. I will ensure that all interpersonal transactions between the healing partner and myself are non-exploitive and essential to her care.

3. I will refrain from selling any product or other service to the healing partner, when referred by the TTNO referral service.

4. I acknowledge that Therapeutic Touch may increase the rapport between the healing partner and myself. Therefore, I will keep all information in strict confidence.

5. In accordance with the ***Personal Information Protection and Electronic Documents Act*** (PIPEDA), I will keep all client information in a safe, secure, and private location. I will not share any information without written consent from the healing partner. When the healing partner's information is no longer needed, it will be shredded and destroyed and/or deleted from all my computer records.

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, or spiritual or other counselling, unless I have the training and qualifications to do so, as well as permission from the healing partner.

8. I will focus on the needs of the healing partner and will refrain from discussing my personal issues with them.

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 healing partner foremost in my mind, 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 TTNO responsible for any consequences resulting from my practice of Therapeutic Touch. I am aware that decisions regarding insurance coverage and liability are left to my own discretion.

12. I understand that, should the TTNO 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 TTNO.

Print Name _____

Signature _____ Date _____