



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 our quarterly newsletter, ***inTouch***, as well as information about how to access the Members Only section of the website. *New members who apply after October 31 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 you sign your name in the space provided for your required signature** as well as for the optional inclusion in the 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 (\$25.00 plus HST). Your second year will be paid at the regular membership price of \$50.00 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 Tuesday or Thursday from 10 AM to 5 PM. Payment options include:

OPTION 1: PAY ONLINE

Do not use this form. Go directly to www.therapeutictouchontario.com and follow the link “PAY ONLINE”.

OPTION 2: 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 3: 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.

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

Sincerely,

Morlan Rees
Membership Chair



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

NEW MEMBERSHIP APPLICATION FORM

Please mail this form along with a signed *“Statement of Ethics and Conduct for the Practice of Therapeutic Touch®”* and payment (payable in Canadian funds) to:

The TTNO, 2nd floor, 4-290 The West Mall, Etobicoke, ON M9C 1C6

If you need assistance, please contact the TTNO Office at 416-231-6824 or memberships@ttno.ca

- 1) In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), complete the following: *I give permission for 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.*

Signature Required _____ **Date** _____

- 2) As part of your membership you have the opportunity to be listed in the TTNO Directory of Members. This is located in the “Members Section” of the TTNO Website. If you wish to have your contact information listed in the Directory please read and sign below.

I give permission for my personal information to be included in the 2017 TTNO Directory of Members.

Signature for Directory _____

- 3) I give permission for the TTNO to send me emails regarding TTNO business and upcoming events. Yes No

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	VOLUNTEERS	I would be willing to participate in/at:
	Location _____		<input type="checkbox"/> TTNO Event/AGM
	<input type="checkbox"/> I would like to attend Branch Meetings		<input type="checkbox"/> TTNO Committee under the Board of Directors
			Area of Interest:

FEEES	I HAVE ENCLOSED <input type="checkbox"/> Cheque <input type="checkbox"/> \$ Order Online payments can be made on the TTNO Website	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"/> New General Member \$25.00 + \$3.25 (HST) = \$28.25	Card #:
	<input type="checkbox"/> New External Member \$25.00 + \$3.25(HST) = \$28.25	Expiry Date: Mon ____ /Yr ____ / CVC ____
	<input type="checkbox"/> Newsletter Hardcopy requested \$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 _____