



Shiatsu Therapy Society

Application for Renewing Members and New Members
PLEASE PRINT VERY CLEARLY!

NAME _____ Sex: M/F _____ Date of Birth _____

ADDRESS _____

CITY _____ PROV/STATE _____ COUNTRY _____ POSTAL/ZIP _____

PHONE _____ EMAIL _____

Follow the steps to complete this application:

1. New Members:

- a) Name of main instructor:
- b) School of Training: main program and any post-graduate Shiatsu studies completed
Please provide copies of supporting documentation - diploma, certificate, apprenticeship, relevant continuing education (provide separate sheet if needed)
- c) Style of Shiatsu _____ Number of years in practice _____
- d) Number of hours of training: _____ Dates of Training _____
- e) Name and address of Shiatsu School _____
- f) CPR Training: All new applicants to the STS must supply a copy of a CPR certificate that is not more than 3 years beyond its expiry date. However, as a professional, you are encouraged to always upgrade your CPR certification.
CPR certificate issued by _____ Certificate # _____
My signature on this application certifies that I hold a CPR certificate as described above.
- g) Provide proof of Professional Liability Insurance (see below)
- h) Sign acceptance of Code of Ethics (see below)
- i) Follow payment methods (see below)
- j) Sign application for membership

2. Renewing Members:

- a) Membership # _____
- b) Provide proof of Professional Liability Insurance (see below)
- a) Sign acceptance of Code of Ethics (see below)
- b) Follow payment methods (see below)
- c) Sign application for membership

TO BE COMPLETED BY NEW AND RENEWING MEMBERS:

Date of Application _____

Professional Liability Insurance:

Name of Insurance Provider: _____

Policy Number: _____ Expiry Date _____

Liability Coverage Amount: _____

My Signature on this application below certifies that I hold valid and current liability insurance as described above. I further declare that I will not practice shiatsu therapy without valid professional liability insurance.

Place of Practice: For listing on STS website directory:

If you do not wish to have this information published on the S.T.S website, please check here

Business Name _____

Address _____

City/Prov/State _____

Post/Zip Code _____

Business Phone _____

Web address _____

Email Address _____

Nearest intersection _____

Business Name _____

Address _____

City/Prov/State _____

Post/Zip Code _____

Business Phone _____

Web Address _____

Email Address _____

Nearest Intersection _____

Do you do house calls? If so, what area _____

Code of Ethics

All members of the STS are required to abide by the Code of Ethics. An Ethics Committee presides over this to ensure that the highest possible standards of the Shiatsu profession are upheld. A public complaints inquiry and review process is established to address any ethical concerns.

I, _____, have read (Insert Live Link Here) and agree to abide by the Code of Ethics and Principles of Practice, as outlined in the Ethics page of the STS website

Payment

Licensed Shiatsu Therapist (LST) Annual Membership - \$75.00
 Supporting Membership: \$50.00

[Online payment \(click here to payment web page\)](#), confirmation # _____

Or submit payment via Paypal or email transfer to ststreasurer20@gmail.com

If paid by cheque, cheque # _____

Late Fees: Annual membership begins on January 1st of each calendar year. A late application fee of \$25.00 will be applied after January 31st. For new applicants applying outside of the application dates, no late fee will be applied

Review Procedure: Each application will be reviewed individually. We encourage you to apply even if you do not fulfil all of the requirement listed. In such cases, we may request a practical review and further details regarding your clinical experience and training.

I hereby acknowledge that I have read, understood and agree to abide by the rules and regulations of the Shiatsu Therapy Society (STS) I further acknowledge that the information that I have provided in this application is true and accurate. All information presented for membership shall remain strictly confidential and will only be made available to the Membership Committee and the board of Directors. Any other use of personal information will require the written and signed permission of the applicant. I agree to abide by the provisions, conditions and limitations of the rules and regulations of the STS as amended from time to time.

Signature of Applicant _____ (To be signed by all)

Date _____

Email completed application to membership@shiatsutherapysociety.org

or send by regular mail to:

Shiatsu Therapy Society
 875 Bloor Street West, PO Box 168,
 Toronto, ON M5S 2S7

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Volunteering your time

The following will help us plan for the future of your Association.

Is your work as a shiatsu therapist.

Full time Part time

How many shiatsu therapy treatments do you average each week? _____ hours

We would be grateful and delighted to accept your assistance, dedication and expertise in the process of advancing the status of Shiatsu Therapy in Canada. Please get in touch with us by writing to the Board with any worthy proposal or offer to

<mailto:info@shiatsutherapysociety.org>