



This membership registration form is for the sole use of registration as part of the Digging Deeper Conference 2010. If you are wishing to registrar as a member separately please visit the CHTA web page (chata.ca) and use the form found on that site.

A key benefit of all membership categories is receipt of the bi-monthly CHTA newsletter with information about therapeutic horticulture (TH) and horticultural therapy (HT) programs across Canada, educational opportunities in TH and HT, and resources for research on people-plant connections.

Your fee supports the mission of the CHTA to promote the use of TH and HT in a wide variety of settings and to raise standards for education and practice. Please complete the following to keep our records up to date. Thank you!

<p>First Name _____</p> <p>Last Name _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Phone _____</p> <p>Email _____</p> <p><u>Select your membership category:</u></p> <p>Individual Membership \$35 _____</p> <p>Student Membership \$25 _____ (copy of I.D. required)</p> <p>Business/Institutional \$75 _____</p> <p>Please add this amount to the appropriate line on your conference registration form and include this form when submitting your conference registration package.</p>	<p>Please check populations of interest to you:</p> <p><input type="checkbox"/> Alzheimer's and other dementias</p> <p><input type="checkbox"/> Older adults, geriatrics</p> <p><input type="checkbox"/> Veterans</p> <p><input type="checkbox"/> Psychiatric disorders, eating disorders</p> <p><input type="checkbox"/> Brain injuries, stroke</p> <p><input type="checkbox"/> Rehabilitation - Occupational, physiotherapy</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Corrections</p> <p><input type="checkbox"/> Developmentally disabled</p> <p><input type="checkbox"/> HIV-AIDS</p> <p><input type="checkbox"/> Physical disabilities</p> <p><input type="checkbox"/> Youth – children and adolescents</p> <p><input type="checkbox"/> Depression, anxiety, PTSD</p> <p><input type="checkbox"/> Women at risk</p> <p><input type="checkbox"/> Other: _____</p> <p>Please list the place (s) you work:</p> <p><input type="checkbox"/> Botanic gardens and arboreta</p> <p><input type="checkbox"/> Community gardens</p> <p><input type="checkbox"/> Corrections – prisons, halfway houses</p> <p><input type="checkbox"/> Education – HT, agriculture, psychology, etc</p> <p><input type="checkbox"/> Healthcare – rehab, physical, occupational</p> <p><input type="checkbox"/> Healthcare – hospitals, clinics</p> <p><input type="checkbox"/> Hospice</p> <p><input type="checkbox"/> Landscape and therapeutic garden design</p> <p><input type="checkbox"/> Nursing homes, assisted living, senior centres</p> <p><input type="checkbox"/> Other _____</p>
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