

DON'T LOSE ACCESS TO YOUR VALUABLE MEMBER BENEFITS!



2022 MEMBERSHIP RENEWAL / APPLICATION

JANUARY 1 – DECEMBER 31, 2022

1120 Route 73 | Suite 200 | Mt. Laurel, NJ 08054
856-380-6856 | asht@asht.org | www.asht.org

Please complete this application form and submit with payment to ASHT.
You may also join ASHT or renew your membership online at <http://www.asht.org/join/>

Contact Information	Payment												
<p>Name _____</p> <p>Credentials _____</p> <p>Preferred Email _____</p> <p><input type="checkbox"/> New Member <input type="checkbox"/> Current Member <input type="checkbox"/> Previous Member</p> <p>Member ID (if known) _____</p> <p>New? How did you hear about us _____?</p> <p>PLEASE CHECK YOUR PREFERRED MAILING ADDRESS</p> <p><input type="checkbox"/> Work</p> <p>Business Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p><input type="checkbox"/> Home</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Country _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <hr/> <p>NOTE: Your work address will automatically be listed in ASHT's <i>Locate a Therapist</i> directory.</p> <p><input type="checkbox"/> I do not wish to be listed in ASHT's <i>Locate a Therapist</i> directory.</p> <hr/> <p><i>*Please note that a portion of your annual dues for membership is for a one-year subscription to the Journal of Hand Therapy. ASHT dues payments are not tax deductible as charitable contributions for income tax purposes but may be deductible as a business expense.</i></p> <p><i>For more information, please consult your tax advisor.</i></p>	<p>Professional Membership Dues Choose Member Type (<i>details on reverse side</i>)</p> <table border="1"> <tr> <td><input type="checkbox"/> Active \$250</td> <td><input type="checkbox"/> Associate \$250</td> </tr> <tr> <td><input type="checkbox"/> New CHT \$205</td> <td><input type="checkbox"/> Associate - Step Up \$195</td> </tr> <tr> <td><input type="checkbox"/> Affiliate \$200</td> <td><input type="checkbox"/> Fellow \$75</td> </tr> <tr> <td><input type="checkbox"/> Student \$60</td> <td><input type="checkbox"/> Retired \$90</td> </tr> <tr> <td><input type="checkbox"/> First-year intro rate \$30</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Leave of Absence \$90</td> <td></td> </tr> </table> <p>If Affiliate, please specify: _____</p> <p>Subscribe to ASSH <i>Journal of Hand Surgery</i> <i>ASHT members receive almost 50% off list price.</i></p> <p><input type="checkbox"/> \$150/year (12 issues) \$ _____</p> <hr/> <p>Please consider a donation to support ASHT:</p> <p>Vision Fund <i>Support ASHT's strategic initiatives in Advocacy, Education & Research</i></p> <p><input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Other \$ _____</p> <p>Awards & Scholarships Fund <i>Dedicated to promoting or recognizing professional development</i></p> <p><input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Other \$ _____</p> <p>Annual Meeting Sessions Fund <i>Help ASHT continue the quality programs hand therapists need</i></p> <p><input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Other \$ _____</p> <hr/> <p>TOTAL PAYMENT \$ _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Account #: _____</p> <p>Expiration Date: _____ CVV: _____</p> <p>Card Holder's Name: _____</p> <p>ZIP Code of Billing Address: _____</p> <p>Signature: _____</p> <p><input type="checkbox"/> Check enclosed <i>Please make checks payable to ASHT. Mailing address on reverse.</i></p>	<input type="checkbox"/> Active \$250	<input type="checkbox"/> Associate \$250	<input type="checkbox"/> New CHT \$205	<input type="checkbox"/> Associate - Step Up \$195	<input type="checkbox"/> Affiliate \$200	<input type="checkbox"/> Fellow \$75	<input type="checkbox"/> Student \$60	<input type="checkbox"/> Retired \$90	<input type="checkbox"/> First-year intro rate \$30		<input type="checkbox"/> Leave of Absence \$90	
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PLEASE HELP US BETTER UNDERSTAND AND ANTICIPATE YOUR NEEDS

The information collected will be used for demographic purposes only.

Practice Setting	Position at Work	Salary Range	Ethnicity
<input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Rehabilitation Center <input type="checkbox"/> Academic <input type="checkbox"/> Research <input type="checkbox"/> Not currently practicing <input type="checkbox"/> Other Interest in Volunteering <input type="checkbox"/> Education <input type="checkbox"/> Fundraising <input type="checkbox"/> International <input type="checkbox"/> Research <input type="checkbox"/> Practice	<input type="checkbox"/> Full-Time Therapist (100% hands) <input type="checkbox"/> Full-Time Therapist (partial hands) <input type="checkbox"/> Part-Time Therapist (100% hands) <input type="checkbox"/> Part-Time Therapist (partial hands) <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Administrator <input type="checkbox"/> Owner of a Private Practice <input type="checkbox"/> Researcher <input type="checkbox"/> Educator <input type="checkbox"/> Case Manager <input type="checkbox"/> Other	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$44,999 <input type="checkbox"/> \$45,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$54,999 <input type="checkbox"/> \$55,000 - \$59,999 <input type="checkbox"/> \$60,000 - \$64,999 <input type="checkbox"/> \$65,000 - \$69,999 <input type="checkbox"/> \$70,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$79,999 <input type="checkbox"/> \$80,000 - \$84,999 <input type="checkbox"/> \$85,000 or more	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, Latina or Latinx <input type="checkbox"/> Middle Eastern or Northern African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Another option not listed (please specify) _____ <input type="checkbox"/> I prefer not to answer this question Year of Birth _____ Please Indicate your Gender(s). Select all that apply: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Another option not listed (please specify) _____ <input type="checkbox"/> I prefer not to self-identify

In which field do you maintain your license? OT PT MD/DO N/A

Number of years practicing in hand therapy specialty: 0-5 6-10 11-15 16-20 21-25 26-30 31+

Credentials: CHT Other _____

Membership in other organizations: AOTA APTA AAHS ASSH Other _____

What entry-level degree did you start out with? Doctor Master Baccalaureate Associate Other _____

What is the highest post-professional degree earned? Academic Clinical Master MBA Baccalaureate Other _____

At what point in your career did you join ASHT (in years)? 1-5 6-10 11-15 16-20+ Student

Did you join ASHT before or after you were a CHT? Before After N/A

What is the primary reason you are joining ASHT or renewing your membership? _____

MEMBERSHIP CATEGORIES

Member Type	Annual Dues	Eligibility	Features
Active	\$250	Open to any registered or licensed occupational or physical therapist, who also holds the Certified Hand Therapist (CHT) credential.	An Active member may vote on all elective offices, hold elected office and serve on (or chair) committees.
New CHT	\$205	Open to any registered or licensed occupational or physical therapist, who earned the Certified Hand Therapist (CHT) credential within the past 12 months.	
Associate	\$250	Open to any registered or licensed occupational or physical therapist or foreign-trained therapist.	An Associate member may vote on all elective offices and serve on (but not chair) committees.
Step-Up	\$195	Open to graduates from a basic entry-level occupational or physical therapy program, or a post-professional doctoral program within the past 12 months. Candidates must send a letter from their department chair on university stationary stating graduation status.	A Step-Up (Associate) member may vote on all elective offices and serve on (but not chair) committees. <i>(Verification required.)</i>
Fellow	\$75	Open to any registered or licensed occupational or physical therapist who is participating in a full-time, residential fellowship program that pays with a stipend or a decreased salary. Candidates must send a letter from their fellowship coordinator indicating their participation in the fellowship and the type of payment/level of financial strain. This membership category can only be utilized for one year of a fellowship.	A Fellow member may vote on all elective offices and serve on (but not chair) committees. <i>(Verification required.)</i>
Affiliate	\$200	Open to registered or licensed occupational or physical therapy assistants, nurse practitioners, hand surgeons and other allied health professionals involved in the practice of hand therapy.	An Affiliate member may serve on (but not chair) committees. Affiliate members cannot vote.
Student	\$60	Open to students enrolled full time in a basic entry-level occupational or physical therapy program, or who are full-time students in a post-professional doctoral program. Candidates must send a letter from their department chair on university stationary stating enrollment status. Discounted, first-year introductory rate (\$30) for new student members.	A Student member may serve on (but not chair) committees. Student members cannot vote. <i>(Verification required.)</i>
Retired	\$90	Open to any current Active or Associate member who is no longer practicing but wishes to remain connected to the Society.***	<p>***Applications for Active Retired, Associate Retired, Active Leave of Absence of Associate Leave of Absence must be made in writing. Applications will be considered on a case by case basis. More information is available from ASHT Member Services at 856-380-6856.</p> <p>NOTE: These categories are intended for members who are unemployed or employed for less than 10 hours a week.</p> <p><i>Requires a signed statement outlining the reason for the leave of absence. Supporting documentation is required.</i></p>
Leave of Absence	\$90	Open to any current Active or Associate member who has taken a planned or unplanned leave of absence from the profession.	