



MEMBERSHIP APPLICATION FORM – 2018

Surname: _____ Forename: _____

Place of Work: _____

Address for Correspondence: _____

Phone Contact No: _____ E-Mail Address**: _____

Please tick appropriate box(s)...

Physiotherapist Occupational Therapist Grade: _____

Current Member Lapsed Member New Member

Student Member:- OT Physio

EXPERIENCE:

Year Qualified _____

How much of your time do you spend working with hands? _____ %

How long have you been working in this area? Years _____

AREAS OF SPECIALTY:

Rheumatoid Arthritis Burns & Plastics Trauma

Peripheral Nerve Injuries Paediatrics Orthotics

Other(s) - Please state _____

Membership is for one year only and is renewed each January.

MEMBERSHIP FEE: €20.00 STUDENT FEE: €10

Please make cheque/bank draft payable to Irish Association of Hand Therapy and send to Estelle Kronn, Physiotherapy Dept, The Mater Hospital, Dublin 7

Payment may also be made by bank transfer: Acc name: Irish Association of Hand Therapy (IAHT), IBAN: IE39 BOFI 9095 8032 315568 BIC BOFIE2D.

Please ensure to note your name on the transfer and email proof of payment with completed application form to estellekronn@yahoo.co.uk.

**** Receipts will be sent via email**

If you wish to be listed as a clinical resource on the IAHT website, please tick the box.
(Minimum criteria: 5yrs qualified with 3 yrs Hand experience, 50% + caseload)