



OATA MEMBERSHIP APPLICATION *RETIRED*

PROFILE

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

MOBILE:

MAILING ADDRESS:

APT/SUITE/UNIT:

CITY:

PROVINCE:

POSTAL CODE:

I would be interested in being a mentor:

Yes No

To Candidate Members preparing to start a practice.

To Certified Members growing their practice.

I would be interested in participating in a working group (Committee):

Yes No

Please select the working group(s) that appeal to you:

CISM (Peer Support for Critical Incident Trauma)

Member Benefits and Services (Personal and Professional Benefits)

Professional Development (Advancing Emerging Practice Trends)

Research and Education (Building Evidence Based Practice)

White Paper 2.0 (History and Evolution of the AT Profession in Ontario)

I hereby acknowledge that I had retired from active practice as an Athletic Therapist and would like to continue to receive news and to participate in OATA events and activities. I accept that the Retired Member is a non-voting membership category. I acknowledge Retired members can access Membership Benefits offer by the Association.

SIGNATURE:

DATE: