

OATA MEMBERSHIP APPLICATION RETIRED



PROFILE

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

MOBILE:

MEMBERSHIP ID:

I would be interested in being a mentor: yes no

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.

SIGNATURE:

DATE: