

PROFILE

FIRST NAME:

LAST NAME:

EMAIL:

PHONE:

MOBILE:

MEMBERSHIP ID:

I would be interested in being a mentor:

Yes

No

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

Yes

No

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

Clinic Owners

Concussion

Marketing Communications

Member Benefits and Services

Professional Development and Conferences

Research and Education

White Paper 2.0

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: