



Wyoming Occupational Therapy Association Membership Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE CONTACT: _____

EDUCATION LEVEL:

____ Student ____ Associate ____ Bachelor ____ Master ____ Doctorate

PRACTICE SPECIALTY:

____ Mental Health ____ Productive Aging
____ Children/Youth ____ Work and Industry
____ Rehabilitation, Disability and Participation
____ Education ____ Other (Emerging Practice)

PROFESSIONAL LEVEL FEES:

____ OT \$40.00 ____ STUDENT \$20.00
____ OTA \$40.00 ____ NON-OT \$45.00

I would be willing to serve as an officer on WYOTA Board: _____

I would be willing to serve on a committee: _____


I would like assistance from WYOTA in the following areas: _____

Conference Suggestions: _____

Make Checks Payable to WYOTA

Return completed form and payment to:

Jacquelin Poole, MOTR/L, WYOTA Secretary
1695 N Mill Creek Rd.
Casper WY 82604

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