



Wyoming Occupational Therapy Association
Working to strengthen the profession!



Wyoming Occupational Therapy Association Membership Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE CONTACT: _____

EDUCATIONAL LEVEL:

Student Associate Bachelor Master Doctorate

PRACTICE SPECIALTY/INTEREST:

Mental Health Productive Aging Children/Youth Work and Industry
 Education Rehabilitation, Disability and Participation Other: _____

PROFESSIONAL LEVEL MEMBERSHIP FEES:

OT \$50.00 OTA \$50.00 STUDENT \$20.00 NON-OT \$55.00

I would be willing to serve as an officer on WYOTA Board: YES NO

I would be willing to serve on a board committee: YES NO

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

Conference Suggestions: _____

Please Make Checks Payable to WYOTA

Return completed form and payment to:

Wyoming Occupational Therapy Association
PO Box 1143
Casper, WY 82602

----- Board Use Only -----

Member ID number: _____ Method of Payment: Check: # _____ Cash Credit