

WYOMING OCCUPATIONAL THERAPY ASSOCIATION MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

EMAIL ADDRESS: _____

PHONE CONTACT: _____

Educational Level

_____ Associate _____ Bachelor _____ Master _____ Doctorate

Practice Specialty

_____ Mental Health _____ Productive Aging
_____ Children and Youth _____ Work and Industry
_____ Rehabilitation, Disability and Participation

Professional Level Fees

_____ Student \$15.00 _____ OTA \$35.00
_____ OT \$35.00 _____ Non-OT \$35.00

AOTA Membership Number _____

I would like to become a mentor for a fellow WyOTA member. _____

I would be willing to serve as an officer of WyOTA. _____

I would be willing to serve on a committee. _____

I would like assistance from WyOTA in the following area: _____

Conference suggestions _____

- I am willing to have my e-mail address released to those advertising educational events
- I am willing to have my e-mail address released to those advertising job listings

Make checks payable to WyOTA

Return completed form and payment to:

Heather Lyman, Secretary/Treasurer of WyOTA
3017 White Mountain Blvd
Rock Springs, WY 82901
307-389-8511
lymanh@sweetwatercdcwy.org