



MEMBERSHIP APPLICATION

- NDT-Trained... Have successfully completed at least one of the NDTA Approved Training courses...
Interested Individual... Have not completed NDTA courses, but support NDTA and its goals.
Retired... Have retired from the active practice of NDTA therapy or teaching profession...
Student... Full time undergraduate who has not completed one of the NDTA courses...
Family/Caregiver... Spouse, parents, caregiver of patient who support NDTA and its goals
Corporate Partner... Agencies and organizations that support NDTA and its goals
Honorary... Persons who have made significant contributions to the advancement of NDT concepts and NDTA...

1. APPLICANT INFORMATION: WORK CONTACT INFORMATION

Name _____
Occupational Designation/Credentials (check all that apply): PT OT SLP PTA COTA RN MD PhD Rec. Ther. Other
Patient Population (check all that apply): Pediatrics Adult
I accept Private patients: Yes No
Company/Place of Employment _____
Work Address _____
City _____ State/Province _____ Zip Code _____
Country _____
Telephone _____ Ext. _____ Fax _____
E-mail _____

2. APPLICANT INFORMATION: HOME CONTACT INFORMATION

Home Address _____
City _____ State/Province _____ Zip Code _____
Country _____
Telephone _____ Ext. _____ Fax _____
E-mail _____

3. PLEASE INDICATE YOUR PREFERENCES

I prefer that NDTA Headquarters and NDTA Members contact me at:

(Choose only one for each category)

- Mailing Address... Work Home
Phone Number... Work Home
E-mail Address... Work Home
Fax Number... Work Home

Your preferred information will be published in the Membership Directory unless otherwise indicated:

- Please omit from the Membership Directory... Yes No
Please omit from the Web site... Yes No

Please complete application on other side >

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4. COMMITTEE PARTICIPATION

Please review the Committee Listings below and indicate your willingness to participate as a member.

- **NTA-Sponsored Educational Programs**
- **Alliances (Building Professional Relationships With Other Organizations)**
- **Leadership (Orientation and Training, Management, Organizational Development)**
- **Research**
- **Web Site**
- **Membership**

5. MEMBERSHIP CATEGORIES

- NDT-Trained**\$95 (4011-01)
- Interested Individual**\$95 (4011-02)
- Retired**\$55 (4011-03)
- Student**.....\$55 (4011-04)
- Family/Caregiver**\$95 (4011-05)
- Corporate Partner**\$500 (4011-06)
- Honorary**

6. CONTRIBUTION

To support NDTA's continuing efforts, I am making the following contribution:

- Research** \$ _____
- Education** \$ _____
- Regi Boehme Scholarship Fund** \$ _____
- General Fund – Unrestricted** \$ _____
- Total** \$ _____

7. PAYMENT INFORMATION

Amount Due (add amounts from sections 5 and 6) \$ _____

- Personal Check # _____ Company Check # _____ Money Order

Credit Card: Visa MasterCard American Express

Credit Card number _____ Exp. Date _____

Name as it appears on Card (please print) _____

Signature _____

Return entire completed application with payment to: