

2010 MEMBERSHIP APPLICATION - ANNUAL DUES

**\$105\***  
Or Two years for \$195

**Therapist Practitioners and Assistant Therapists**

- All therapists who support NDTA, its mission and goals are welcome.
- \*\$40 annual dues for International members (outside USA and Canada)

**\$105\***  
Or Two years for \$195

**Other Healthcare Practitioners** • Supporter of NDTA and its goals  
\*\$40 annual dues for International members (outside USA and Canada)

**\$55**  
Or Two years for \$95

**Retired** • Retired from active practice of NDT therapy and wish to support NDTA

**\$25**

**NDT Consumers** • Parents, patients, spouse or caregiver who support NDTA and its goals

**\$55**

**Students** • Pursuing **entry-level** OT/PT/SLP Degrees

**\$85**

**Students** • Pursuing **post-professional** degrees in their respective fields

**\$250**

**Corporate and Facility Partners** • Agency or organization that supports NDTA and its goals

**CONTACT INFORMATION (PLEASE PRINT)**

Name \_\_\_\_\_

Credentials: OT PT SLP PTLA COTA Other: \_\_\_\_\_  **PEDS** or  **ADULT** Specialty

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Membership type \_\_\_\_\_

Please omit from the Membership Directory

Please omit from the Website

**Do you hold an NDTA-Approved Certificate Course certificate? *New members please fill out...***

Course# \_\_\_\_\_ Certificate# \_\_\_\_\_ Instructor \_\_\_\_\_ PEDS or ADULT Specialty?

**PAYMENT INFORMATION**

VISA M/C Amex # \_\_\_\_\_ Check # \_\_\_\_\_  
(enclosed)

Name on card: \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_