

## 2017 MEMBERSHIP APPLICATION - ANNUAL DUES

\$125\* - One year  
\$235 - Two years

### Therapist Practitioners and Assistant Therapists

- All therapists who support NDTA, its mission and goals are welcome.
- \*\$48 annual dues for International members (outside USA and Canada)

\$55 - One year  
\$95 - Two years

### Retired

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

\$125\* - One year  
\$235 - Two years

### Other Healthcare Practitioners

- Supporter of NDTA and its goals
- \*\$48 annual dues for International members (outside USA and Canada)

\$25 - One year

### NDT Consumers

- Parents, patients, spouse or caregiver who support NDTA and its goals

\$55 - One year

### Students

- Pursuing entry-level OT/PT/SLP Degrees

\$85 - One year

### Students

- Pursuing post-professional degrees in their respective fields

\$350 - One year  
\$250 - One year

### Facility Partners

- Agency or organization that supports NDTA and its goals

### Corporate Partners

- Agency or organization that supports NDTA and its goals

## CONTACT INFORMATION (PLEASE PRINT)

### Primary Address (will show in results from the "Search!" engine)

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

Credentials: OT PT SLP C/NDT PTA COTA Other: \_\_\_\_\_ PEDS or ADULT Specialty

Company \_\_\_\_\_

Address \_\_\_\_\_ Apt/Ste/Unit \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Secondary Mailing address (Optional private mailing address)

Address \_\_\_\_\_ Apt/Ste/Unit \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Please omit me from the website search results completely*

**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 Disc # \_\_\_\_\_ Check # \_\_\_\_\_ (enclosed)

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

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