



# ASSOCIATION OF CARIBBEAN OCCUPATIONAL THERAPISTS

## MEMBERSHIP APPLICATION FORM

(PLEASE PRINT)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ SKYPE NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

AREA(S) OF PROFESSIONAL INTEREST: \_\_\_\_\_

OTHER MEMBERSHIPS: \_\_\_\_\_

QUALIFICATIONS LEVEL: Diploma \_\_\_\_\_ Bachelors: \_\_\_\_\_ Masters: \_\_\_\_\_  
Doctorate: \_\_\_\_\_ {Please check} Year trained: \_\_\_\_\_

EDUCATIONAL INSTITUTION(S) ATTENDED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Annual Dues: US \$25.00  
Associate Members: US\$15.00  
Organizations: US\$15.00

Assigned ACOT registration #: \_\_\_\_\_ Period of Registration: \_\_\_\_\_ Type of registration: \_\_\_\_\_

Please submit form and fees to A.C.O.T. C/o OTAJ, P.O. Box 8677, CSO, Kingston, Jamaica, West Indies.