



NDTA

MEMBERSHIP

NEURO-DEVELOPMENTAL TREATMENT ASSOCIATION

2013 MEMBERSHIP APPLICATION - ANNUAL DUES

\$105* - One year
\$195 - Two years

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)

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

Retired

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

\$105* - One year
\$195 - Two years

Other Healthcare Practitioners

- Supporter of NDTA and its goals
- *\$40 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

\$250 - One year

Corporate and Facility 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 _____

Signature: _____ Exp Date: ____ / ____