



ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION
COUNCIL MEMBER WORLD FEDERATION OF OCCUPATIONAL THERAPISTS
(Registered under Bombay Public Trust Act: 1950-E-1118)
Website: www.aiota.org

SUBSCRIPTION & ASSOCIATE LIFE MEMBERSHIP POLICIES

(The following informations & regulations has been updated on 1st April, 2017)
(T O B E R E T A I N E D B Y T H E M E M B E R)

1. Associate membership will be awarded to related professionals other than Occupational Therapists for one financial year only
2. Associate Membership fees is Rs 1500/- (w.e.f. from April 2017).
3. The Associate Member will be allowed to present papers in AIOTA conferences but only in Non-competitive category.
4. The Associate Members will be entitled to three issues of IJOT.
5. The Associate Members will be issued membership card and membership #.
6. The Associate Members will not be allowed to participate in any election procedure of AIOTA.
7. Membership fees will be accepted by Demand Draft only, drawn at any Nationalized Bank, drawn in favor of ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION payable in AURANGABAD, MAHARASHTRA.
8. The duly filled form along with the DD to be sent to Honorary Treasurer of AIOTA.
9. The form to be downloaded only on A4 Executive Bond paper and enclose one extra passport size photo (45mm X 35mm).
10. The awarding of Membership is subject to approval of AIOT A.
11. The applicant should attach copies of documents as a proof of the said professional qualifications.
12. Hon. Treasurer's contact details is available on <http://www.aiota.org/aiotaexe.asp>

MEMBERSHIP # (For office use only) : _____, FORM # (For office use only): _____



(Applicant's
Latest Photo,
45mm X 35mm)
The applicant
should sign
across the photo.

ASSOCIATE LIFE MEMBERSHIP APPLICATION FORM

ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

(OCCUPATIONAL THERAPY / ERGO MEDICINE)

COUNCIL MEMBER WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

(Registered under Bombay Public Trust Act-1950-E-1118)

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DETAILS OF THE APPLICANT:

Name in full (Surname first) : _____

Date of Birth (in words) : _____

Address for correspondence : _____

Telephone No. : _____

E-Mail Address : _____

PROFESSIONAL DETAILS:

Professional Qualifications : _____

Professional Qualifications obtained from: _____

EMPLOYMENT DETAILS:

Name & Address of employing Authority: _____

Designation : _____

Telephone no. : _____

DECLARATION:

The above-furnished information is true to my knowledge.

Signature of the Applicant

* Attach a separate sheet of paper detailing about various professional achievement.

Date: