

Montana School OT/PT Organization
Membership Application

Year 2013 -2014

Name: _____

Job Title: _____

Address: _____

Email Address: _____

Phone Number: _____

Check #: _____

Cash: _____

Membership Dues are from October - October. Membership fees are \$10.00 annually. Dues must be paid by October 31 in order to receive membership rates at the annual conference.

Signature

Date

Please send applications to:

Michelle Fox

2203 Summit Drive

Black Eagle, MT 59414

(406) 788-1215

or send in with your Annual Conference Registration

Please write checks to:

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