OATA PETITION FOR INACTIVE MEMBERSHIP

I, INSERT FULL NAME hereby petition the OATA Board of Directors to be allowed to transition to Inactive Membership Status for the reason (s) indicated below. In making this application to the Board, I commit that my Inactive Membership will extend for no less than six (6) months and no more than 12 months and that I fully intend to return to Certified membership status. I further acknowledge and undertake that during the term of my Inactive Membership I will not use the title "Athletic Therapist", nor any abbreviations thereof, nor any equivalent in another language, in the course of providing or offering to provide healthcare in Ontario. I further acknowledge that during the term of my Inactive Membership I am not eligible to vote at any meeting of the OATA membership. If granted Inactive Membership status by the Board, I hereby undertake to pay a fee of $50 associated with the petition process and the $100 reinstatement fee upon my petition for reinstatement.

MEMBER FIRST AND LAST NAME	SIGNATURE	DATE

REASONS FOR INACTIVE MEMBERSHIP, REQUEST: