

# OATA MEMBERSHIP APPLICATION OUT OF PROVINCE - CERTIFIED

**PROFILE**


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FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ APT/SUITE/UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**DEMOGRAPHICS**


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DATE OF BIRTH: \_\_\_\_\_ PLACE: \_\_\_\_\_  
 GENDER:      FEMALE      MALE      OTHER

**PROFESSIONAL PROFILE | EDUCATION**


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INSTITUTION: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_  
 CERTIFICATE OR DIPLOMA: \_\_\_\_\_ CERTIFICATE OR DIPLOMA: \_\_\_\_\_  
 CERTIFICATION YEAR (CAT-C): \_\_\_\_\_ CERTIFICATION YEAR: \_\_\_\_\_

**PROFESSIONAL PROFILE | EMPLOYMENT OR PRACTICE**


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CLINIC NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT/SUITE/UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 WEBSITE: \_\_\_\_\_

**PROFESSIONAL PROFILE | OTHER**


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INDICATE ANY OTHER PROFESSIONAL DESIGNATION(S): \_\_\_\_\_

SAFE SPORT NUMBER: \_\_\_\_\_ FIRST RESPONDER CERTIFICATE: *Include your certificate as an attachment when sending this form.*

*I acknowledge I have read and accept the terms laid out under the [Terms and Conditions](#) page. I agree to abide by the OATA Code of Professional Conduct & Ethics. Out of Province Members, are non-voting but do have access to the Online Learning Platform, Virtual Professional Development Events and applicable Membership Benefits offered by the Association through its Partnerships and Alliances.*

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