

REQUIRED BY THE HTA BYLAWS Please have your sponsor fill in the information needed in this shaded area.

Sponsor Name															Sponsor Membership Number					Sponsor Signature														
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Prefix
 Mr Ms Dr

First Name										MI	Last Name																			
Mailing Address 1															Mailing Address 2															
City										State/Prov					Zip/Postal Code					Country										
Email Address																														
Country Code			Home Phone with Area Code (Numbers only)												Country Code			Work Phone with Area Code (Numbers only)												
Company/Employer																														

STEP 1: Select any Special Interest Group (SIG) in which you would like to participate.

NOTE: When choosing your SIG, please include the Membership Dues of \$25 for each SIG chosen.

- | | | | |
|--|---|---|--|
| <input type="radio"/> Animal Care | <input type="radio"/> Gerontology | <input type="radio"/> Neurology | <input type="radio"/> Pediatrics |
| <input type="radio"/> Education/Research/Evidence-based Medicine | <input type="radio"/> Management - Private/Clinic | <input type="radio"/> Nutrition & Functional Wellness | <input type="radio"/> Public Health Issues |
| <input type="radio"/> Fitness & Wellness | <input type="radio"/> Medical/Surgical | <input type="radio"/> Orthopedics/Sports Medicine | |

STEP 2: Select Category and Dues

- \$1000 **Charter Member** 2-year membership plus lifetime 10% off DCR classes
- \$180 **Professional Member**
- \$135 **Associate Member**
Individual with less than 500 hrs of classroom training/200 hrs of practical clinical experience
- \$135 **Life Member**
Member who has served as President of HTA
- \$100 **Sustaining Member**
Individuals interested in HTA
- \$65 **Student Member**
Individual enrolled in a School with HTA Studies
- \$1000 **Affiliate Member**
Provider of products and or services

Name of School Attending _____

Faculty Advisor, Department or Dean Signature (Required) _____

STEP 3: Calculate Total

National Dues	\$	_____
One Time Application Fee	\$	35.00
Regional Dues	\$	N/A
Total SIG Dues	\$	_____
Voluntary Contributions	\$	_____
GRAND TOTAL	\$	_____

STEP 4: Select Payment Type

Check/Money Order Credit Card Amex MC VISA

Card Number															Expiration Date														
Name on Credit Card																													
First Line ONLY of Billing Address. DO NOT INCLUDE city, state or zip.																									Code on Card Back				
Signature of Cardholder _____																													

STEP 5: Please tell us how you heard about HTA?

- | | | |
|--|---|--|
| <input type="radio"/> HTA Member | <input type="radio"/> Co-Worker / Word-of-Mouth | <input type="radio"/> HTA Newsletter |
| <input type="radio"/> Family/ Friend | <input type="radio"/> Direct Mail Piece | <input type="radio"/> Advertisement |
| <input type="radio"/> Referral | <input type="radio"/> Magazine / News Article | <input type="radio"/> Internet Search Engine |
| <input type="radio"/> E-mail / Newsgroup | <input type="radio"/> Other | _____ |

STEP 6: Code of Ethics Pledge - REQUIRED

"As a member, I pledge that I will comply with the Code of Ethics of the Hand Therapy Association."

Applicant Signature _____ Date / /

STEP 7: Mail Your Information and Watch for Your Packet!

FAX (303) 778-0378
WEB www.PivotalData.net
PHONE (303) 777-9887
MAIL Pivotal Data, Inc.
 2087 South Grant Street
 Denver, CO 80210

Once your information has been verified and your dues have been processed, you will be assigned a Member Number. In 4-6 weeks, look for your Membership Packet in the mail. **We welcome you as our newest member and Thank You for your commitment to HTA.**

Draft

