ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

Founder Council Member World Federation of Occupational Therapists

Registered Under Bombay Public Trust Act, Bom. 1950-E-1118

www.aiota.org

MEMBERSHIP RENEWAL FORM

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

DETAILS OF THE APPLICAN

Name in Full (surname first):

Membership number:

Address:

City:

State: Country PIN

Telephone No (with STD Code): Mobile:

E-mail Address: _____

Applicant is to send following self-attested documents to Hon. Treasurer, AIOTA.

a. Copy of AIOTA life membership certificate.

b. Demand draft of **Rs.5000**/-(Rupees Five Thousand only) in the name of All India Occupational Therapists Association (AIOTA) payable at Mumbai. (**Rs. 500** fine for late submission)

UNDERTAKING

I, the undersigned, hereby declare that the information provided and documents attached by me are true to the best of my knowledge and belief. I will be liable for any action initiated by AIOTA, if information / documents provided are false. I have gone through the Membership Regulation of AIOTA and shall abide by the same.

Date:

Signature of Applicant

(The Duly Completed Form along with the Necessary Documents & Draft should be sent to The Office of Honorary Treasurer AIOTA)

Hon. Treasurer's contact details is available on http://www.aiota.org/aiotaexe.asp