

PROFILE

FIRST NAME: _____ LAST NAME: _____
EMAIL: _____
PHONE: _____ MOBILE: _____
MEMBERSHIP ID: _____

DEMOGRAPHICS

DATE OF BIRTH: _____ PLACE: _____
GENDER: FEMALE MALE OTHER

PROFESSIONAL PROFILE | EDUCATIONAL BACKGROUND

BACCALAUREATE	MASTER'S	DOCTORATE
INSTITUTION: _____	INSTITUTION: _____	
CERTIFICATE OR DIPLOMA: _____	CERTIFICATE OR DIPLOMA: _____	
CERTIFICATION YEAR (CAT-C): _____	CERTIFICATION YEAR: _____	
OTHER: _____		

PROFESSIONAL PROFILE | EMPLOYMENT

INSTITUTION NAME: _____
PROGRAM: _____
ADDRESS: _____ ROOM/UNIT: _____
CITY: _____ PROVINCE: _____ POSTAL CODE: _____
EMAIL: _____ PHONE: _____
INSTITUTION WEBSITE: _____

PROFESSIONAL PROFILE | OTHER

INDICATE ANY OTHER PROFESSIONAL DESIGNATION(S):

SAFE SPORT NUMBER: _____ FIRST RESPONDER /BLS CERTIFICATE: *Include your certificate as an attachment when sending this form.*

I acknowledge I accept the terms laid out under the [Terms and Conditions](#) page. I agree to abide by the OATA Code of Professional Conduct & Ethics. I acknowledge the Academic Membership is non-voting.

SIGNATURE: _____ DATE: _____