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**Coalition of Occupational Therapy Advocates for Diversity (COTAD)**

**Membership Application 2017**

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Education** |  |
| **Practice Area** |  |
| **AOTA Member Since** |  |

**Please attach a max one page personal statement describing your interest in this group and potential for leadership to advocate for diversity.**