



OTAC Student Delegate Application Form

Personal Information	
Name:	Email:
Address:	
Tel:	Cell:
Education	
University/College:	
Degree Level (OT/OTA) and Level (Master's, 1 st year/2 nd year):	
Expected Graduation Date (Month/Year):	
Professional Membership	
AOTA Membership ID:	OTAC Membership ID:
Brief Statement of Purpose	
(Describe why you want to be a student delegate and what do you hope to achieve in this role. Please list your ideas for increasing OTAC student membership and involvement.)	

Please submit forms via Faculty Mentor or directly to the Student Leadership Committee at execdir@otaonline.org. Please include a letter of recommendation from a faculty member.