



AMERICAN, CANADIAN AND INTERNATIONAL

LEAGUE OF FUNCTIONAL THERAPISTS, LLC

www.FunctionalTherapist.org

APPLICATION FOR SUPPORTER MEMBERSHIP

For Office Use Only
Member # \_\_\_\_\_
Verified \_\_\_\_\_
Issue Date \_\_\_\_\_
MType \_\_\_\_\_

Thank you for your interest in popularizing the philosophy and methods of Occupational Therapy (OT) under the alternative name Functional Therapy. We are striving to help all OTs to better communicate the vital role they play in health care; central to this effort is allowing therapists to use a more understandable title:

- An OT can become a Registered Functional Therapist RFT™
• An OT Assistant (OTA) can be a Registered Functional Therapy Associate RFTA™.

These trademarked terms ensure that if you receive the services of a Functional Therapist (from a RFT™ or RFTA™) that they were first a trained and qualified OT or OTA. Your support allows us to continue this vital work by supporting membership drives, lobbying efforts, and other initiatives while helping us to grow our organization to show support for this important change.

I wish to become a supporter member of the:

[ ] American, [ ] Canadian, or [ ] International branch of the League of Functional Therapists, LLC.

Optional Donation: I would like to support these efforts with a donation of: \$ \_\_\_\_\_.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Name and Mailing Address: This will be how your name will appear on your official certificate of registration, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests. It will not be traded or sold.

Name as you would like it to appear on your certificate if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip/Postal Code: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Other: \_\_\_\_\_

Please tell us how you learned about this effort: \_\_\_\_\_

Do you have any ideas, opinions or questions you would like to share: \_\_\_\_\_

I hereby certify that the statements I have made on this form are true to the best of my knowledge. I wish to help by seeking supporter membership in the League of Functional Therapists as stated above.

SIGNATURE OF APPLICANT

DATE

(LOFT or ALOFT reserves the right to independently verify any information related to this application; we may contact you for supporting documentation or other information while verifying your application. Inaccuracies may delay your registration or limit your ability to become a registered member of the American League of Functional Therapists, LLC.)

Applicant: Please return this signed application (1). Your optional donation is much appreciated, it can be made in the form of a check made payable to: "LOFT" or request a [ ] PayPal Donation Invoice be sent to your email. Send this to:

LOFT Admissions
P.O. Box 29
Stratford, CT 06615

Questions: RFT@functionaltherapist.org

To expedite your application

Fax your application to:

(888) 389-7933 (Toll Free)

Alternate Fax: (203) 377-5451