MAOT Membership Application

(please print legibly)

Date: _____ Pay using credit card/PayPal - click here

Name: _____

Mailing Address: _____

_____

Employer: _____

Job Title/Responsibilities: _____

Work Phone: _____

Home Phone: _____

E-mail address * : _____

Interests: _____

Suggestions for topics of future conferences/workshops: _____

_____

_____

*** We ask for your email address so we can notify you of any Association news and to advise when the new registration packages become available online. By doing so, we can enable you to download and mail your registration without waiting for it to arrive in the mail. Also, your email address is required if paying by credit card.**

☐ New member- $25.00 (cash or check) $27.00 (credit card)

☐ Member renewal - $20.00 (cash or check) $22.00 (credit card)

☐ Check (made payable to MAOT)

☐ Cash

☐ Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card #: _____ Exp. Date: _____

Name on card: _____ CSV # *: _____

* This is the 3-digit security code number on the back of your card

Please return this form, along with your payment, to:

MAOT
c/o Stacey N. Rubin, RT(R), Secretary
105 Chargeur Road
Reisterstown, MD 21136-1111

Please note: MAOT reserves the right to assess a $25.00 returned check fee as a result of any check it receives that upon deposit, is dishonored and returned for any reason.

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