



MEMBERSHIP APPLICATION FORM

For processing your membership application, Jordanian Society for Occupational Therapy **JSOT** requires the following information. Please **TYPE** the appropriate responses in the designated boxes. All fields are required, incomplete applications will be returned to the applicant for completion. If you need more space, you may attach extra papers with the application.

PART I

APPLICANT INFORMATION

DEMOGRAPHICS

First name En.	<input type="text"/>	Ar.	<input type="text"/>
Second name En.	<input type="text"/>	Ar.	<input type="text"/>
Third name En.	<input type="text"/>	Ar.	<input type="text"/>
Family name En.	<input type="text"/>	Ar.	<input type="text"/>
Title	<input type="text"/>	Nationality ID	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Place of birth	<input type="text"/>	Marital status	<input type="text"/>
Nationality	<input type="text"/>		

ADDRESS

Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	Mobile	<input type="text"/>
Country	<input type="text"/>	Fax	<input type="text"/>
ZIP code	<input type="text"/>	Email	<input type="text"/>

PART II

APPLICANT EDUCATION

University	<input type="text"/>	GPA	<input type="text"/>
Major	<input type="text"/>	Year obtained	<input type="text"/>
Degree	<input type="text"/>	Note	<input type="text"/>
University	<input type="text"/>	GPA	<input type="text"/>
Major	<input type="text"/>	Year obtained	<input type="text"/>
Degree	<input type="text"/>	Note	<input type="text"/>
University	<input type="text"/>	GPA	<input type="text"/>
Major	<input type="text"/>	Year obtained	<input type="text"/>
Degree	<input type="text"/>	Note	<input type="text"/>

Course Title

Venue

Instructor

Hours

Dates

From To

Course Title

Venue

Instructor

Hours

Dates

From To

Course Title

Venue

Instructor

Hours

Dates

From To

Course Title

Venue

Instructor

Hours

Dates

From To

Please provide three (3) references.

Reference

Relationship

Address

Country	ZIP code
City	Phone
Address	Email

Reference

Relationship

Address

Country	ZIP code
City	Phone
Address	Email

Reference

Relationship

Address

Country	ZIP code
City	Phone
Address	Email

VI.I JSOT MEMBERSHIP HISTORY

What type of membership you are applying for? Full Member Associate Member

Applying for the first time? YES NO

If you answered YES to the above question, please skip to section VI.II.

If you answered NO to the above question, please provide your JSOT membership history below:

Year	Type of Membership

VI.II APPLYING FOR THE FIRST TIME

Are you currently a university/college student? YES NO

If NO: when did you earn your bachelor's / diploma degree?

1. A copy of your nationality proof (national ID, passport).
2. A recent digital portrait with a white background (please write your name on the back).
3. A copy of proofs of degrees you have earned.
4. A copy of continuing education courses certificates (if any).
5. A copy of your work experience (if any).
6. Reference letters (if any)

All documents will be examined by an expert; any forgery will be reported to local authorities.

