



**Therapist Assistant Association of Alberta**  
**PO Box 31118**  
**Edmonton, AB T5Z 3P3**  
**therapistassistantaa@gmail.com**  
**www.thaaa.ca**

**Membership Application/Renewal**  
 ThAAA membership year runs April 1 through March 30  
 Please Check:  New Member or  Renewal

Name			
Home Address			
City		Province	
Postal Code		Country	
Bus. Tel.	Home Tel.	Fax	Email
Employer		Address	
City	Province	Postal Code	Mailing Address <input type="checkbox"/> Residence <input type="checkbox"/> Employer

**FOR NEW APPLICANTS OR TO REPORT CHANGES IN THERAPIST ASSISTANT RELATED EDUCATION AND TRAINING:**

Please check the box that best describes your training and provide appropriate documentation:

- Current student in Therapist Assistant program. Anticipated graduation date \_\_\_\_\_.
- Therapist Assistant OR Rehabilitation Assistant in Occupational Therapy, Physical Therapy and/or Speech Language Pathology (college trained with a diploma – provide a photocopy of your diploma)
- Therapist Assistant OR Rehabilitation Assistant in Occupational Therapy, Physical Therapy and/or Speech Language Pathology. You have been on the job trained and have 3000 hours or more accumulated over 3 years, under the direct supervision of an Occupational Therapist, Physical Therapist and/or a Speech Language Pathologist – MUST provide a letter stating above from supervising therapist or Human Resources.)

**FOR COLLEGE TRAINED ASSISTANTS:**

School \_\_\_\_\_

Program \_\_\_\_\_

Year of Graduation \_\_\_\_\_

