



APPLICATION FOR ORTA OFFICER

APPLYING FOR:

ORTA PRESIDENT ELECT

REGIONAL LIAISON

ORTA COMMITTEE OFFICER

NAME: (MR., MRS., MISS., MS., DR.)	DATE SUBMITTED	
STREET ADDRESS	BOX #, UNIT # OR APT. #	
CITY	COUNTY	ZIP
TELEPHONE	PRIMARY E-MAIL ADDRESS	DATE RETIRED

EDUCATION (COLLEGE, TRAINING, ETC)	DATES ATTENDED	DEGREE(S)

TEACHING EXPERIENCE (DISTRICTS, POSITION, ETC.)	DATES ATTENDED	POSITION

ORTA CHAPTER EXPERIENCE (OFFICE, POSITION)	DATES ATTENDED

SIGNED: _____ DATE: _____