



MEMBERSHIP ENROLLMENT

Visit the SSO: USA website at <http://www.sso-usa.org>

- Please complete the requested information**
- Enclose payment** (check only please)
- Mail to address below**

MISSION STATEMENT:

The mission of the SOCIETY FOR THE STUDY OF OCCUPATION is to facilitate high quality scholarship and a dynamic exchange of ideas that support the discipline of occupational science.

Membership is open to any individual who is interested in occupational science and who supports the mission of the Society, without discrimination as to color, race, ethnicity, religion, sexual orientation, gender, or national origin, and who pays annual dues and remains in good standing.

MEMBER INFORMATION: ___ New ___ Renewal

First Name _____ M.I. ___ Last Name _____

Work Address _____

City/State/ZIP _____

Work Phone _____ ext. _____

Work Fax _____ Work E-Mail _____

Home Address _____

City/State/ZIP _____

Home Phone _____

Home Fax _____ Home E-Mail _____

Professional Affiliation: _____

Degree Earned/Discipline: _____

Research Interests: _____

Other conferences attended*: _____

Journal subscriptions*: _____

Preferred mailing address: Work Home

Information to be included in the online member directory:

Work Home No information in directory

*Information will be used for SSO:USA announcements of future research conferences

Membership in the Society consists of Basic SSO: USA Membership Benefits:

- Membership directory
- Discounted conference rates
- Member only web benefits

CONTRIBUTIONS:

\$_____ Contribution to SSO: USA Development Fund

MEMBERSHIP LEVELS:

- Basic Membership: \$110
- Student Membership: \$30 (*verification required*) *
- Associate Membership: \$60 (available to international members, or those retired)

TOTAL PAYMENT \$_____ (*US dollars only--payable at a US bank*)

Please indicate membership level. Make check/money order out to SOCIETY FOR THE STUDY OF OCCUPATION: USA, and remit appropriate funds (in US currency) to:

Beth De-Grace
Department of Rehabilitation Science
College of Allied Health
University of Oklahoma Health Sciences Center
1200 N. Stonewall Ave.
Oklahoma City, OK 73117

beth-degrace@ouhsc.edu

***Student membership** - Verification of current student status is required for student membership. Give the name of the institution, program, degree being pursued, and a copy of the student identification card.