

ARIZONA OCCUPATIONAL THERAPY ASSOCIATION MEMBERSHIP APPLICATION

July 1, 201__ - June 30, 201__

PLEASE PRINT CLEARLY: Complete all lines

Renewal **New Member**

Personal Information

Name:		Date of Birth:	
Address:			
City:	State:	County:	Zip:
Phone:		Email:	
AOTA Member # (if applicable):		Arizona OT License #:	
Legislative District:		Congressional District:	

Demographic Data

The following questions help us to understand the culture and diversity of our members so that we may better represent the unique needs of Arizona occupational therapists.

Gender:	Ethnicity:
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Employer / School Information

Position / Title (OT/OTA/OTS/Credentials):			
Employer / School:			
Business Address:			
City:	State:	County:	Zip:
What school did you graduate from / Are you attending?			
Degree:		Graduation Date:	

Area(s) of Practice	Committees / Districts	Special Interest Section
<p><i>Please check all that apply:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic <input type="checkbox"/> Early Intervention <input type="checkbox"/> Free Standing Facility <input type="checkbox"/> Home Health <input type="checkbox"/> Hospital (Non-Mental Health) <input type="checkbox"/> Hospital Neonatal Unit <input type="checkbox"/> Private Practice <input type="checkbox"/> School Setting (public or private) <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> Subacute Facility/Unit <input type="checkbox"/> Mental Health Setting <input type="checkbox"/> Work / Industry / Ergonomic Setting <input type="checkbox"/> Community-Based <input type="checkbox"/> Skilled Nursing Facility / Assisted Living <input type="checkbox"/> Other: _____ 	<p><i>Check if you are interested in working on a Committee / District:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Education <input type="checkbox"/> Publications <input type="checkbox"/> Finance <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Marketing and Public Relations <input type="checkbox"/> Nominations and Recognitions <input type="checkbox"/> Ad-Hoc <input type="checkbox"/> Tucson District 	<p><i>Check if you are interested in the joining of a special interest section (please check all that apply):</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Neuro <input type="checkbox"/> Pediatric <input type="checkbox"/> Postsecondary Transition SIS <input type="checkbox"/> Vision

Membership Descriptions

(Descriptions taken for ArizOTA Bylaws 2016)

A. *Occupational Therapist Member of AOTA* – One who has met the educational standards of an occupational therapist in accordance with the standards set forth by AOTA's Accreditation Council for Occupational Therapy Education, (hereafter "ACOTE,") is licensed within the state of Arizona, and is a current member of AOTA.

B. *Occupational Therapy Assistant Member of AOTA* - One who has met the educational standards of an occupational therapy assistant in accordance with the standards set forth by ACOTE, is licensed within the state of Arizona, and is a current member of AOTA.

C. *Occupational Therapist Nonmember of AOTA* - One who has met the educational standards of an occupational therapist in accordance with the standards set forth by ACOTE, and is licensed within the state of Arizona.

D. *Occupational Therapy Assistant Nonmember of AOTA* - One who has met the educational standards of an occupational therapy assistant in accordance with the standards set forth by ACOTE, and is licensed within the state of Arizona.

E. *Occupational Therapy Student Member of AOTA* – One who is currently enrolled in an occupational therapy program within the state of Arizona and is a current member of AOTA.

F. *Occupational Therapy Student Nonmember of AOTA* - One who is currently enrolled in an occupational therapy program within the state of Arizona.

G. *Occupational Therapy Assistant Student Member of AOTA* - One who is currently enrolled in an occupational therapy assistant program within the state of Arizona and is a current member of AOTA.

H. *Occupational Therapy Assistant Student Nonmember of AOTA* - One who is currently enrolled in an occupational therapy assistant program within the state of Arizona.

I. *Retired Practitioner Member* – One who has retired from the field of occupational therapy but wishes to remain informed.

J. *Honorary Life Member* – Membership awarded to a Lifetime Achievement recipient.

K. *Sustaining and Member of AOTA* – One who is eligible for ArizOTA membership, whose interests prompt him/her to a larger contribution of support, and is a member of AOTA.

L. *Sustaining and Nonmember of AOTA* - One who is eligible for ArizOTA membership and whose interests prompt him/her to a larger contribution of support.

M. *Associate Individual Member* – One who is interested in promoting occupational therapy but is not eligible for any other class of membership.

N. *Associate Business or Organization Member* – A corporation or business interested in promoting occupational therapy but is not eligible for any other class of membership.

Select one:

- Occupational Therapist – AOTA Member **\$60**
- Occupational Therapist – Non-AOTA Member **\$65**
- Occupational Therapy Assistant – AOTA Member **\$55**
- Occupational Therapy Assistant – Non-AOTA Member **\$60**
- Occupational Therapy Student – AOTA Member **\$25**
- Occupational Therapy Student – Non-AOTA Member **\$30**
- Retired Practitioner Member **\$25**
- Sustaining and Member of AOTA **\$80**
- Sustaining and Nonmember of AOTA **\$105**
- Associate Individual Member **\$130**

Email Preferences

The Arizona Occupational Therapy Association (ArizOTA) provides its members with email updates on ArizOTA events, legislation, and important issues regarding Occupational Therapy.

- Yes, I would like to receive updates from ArizOTA.
- No, please remove me from the ArizOTA distribution list.

The Arizona Occupational Therapy Association (ArizOTA) also provides information to third parties, including businesses and other organizations, for a fee. This information might include member names, email addresses, and/or mailing addresses.

- Yes, ArizOTA may provide my information to 3rd parties.
- No, please do not provide my information to 3rd parties.

Payment

Charge: MasterCard VISA Check Enclosed

Make check payable to: ArizOTA

Return this form & payment to:
ArizOTA
P.O. Box 11803
Glendale, AZ 85318

Credit Card Info:

Card Number: _____ Expiration Date: _____ CVV: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Questions concerning your membership?
Contact Emily Smith at 623-937-0920 or office@arizota.org.