

# ARIZONA OCCUPATIONAL THERAPY ASSOCIATION MEMBERSHIP APPLICATION

July 1, 201\_\_ - June 30, 201\_\_

PLEASE PRINT CLEARLY: Complete all lines

Renewal     New Member

Name:		Date:
Address:		
City:	State:	Zip:
County:	Legislative District:	
Position/Title:		
Employer/School:		
Business Address:		
City:	State:	Zip:
Home Phone: (    )	Business Phone: (    )	
e-mail address:		
AOTA Membership ID# (if applicable):		Arizona OT License #:

\*May we publish your name, address, e-mail & phone number in the new annual ONLINE Directory?     Yes     No

\*Published annually and distributed to ArizOTA members.    PLEASE CHECK  APPROPRIATE AREAS BELOW:

Membership Fees:	Area(s) of Practice:	Committees:
<p>Member of AOTA</p> <p>c OTR                \$60.00</p> <p>c COTA                \$55.00</p> <p>c OTS/OTAS *        \$25.00</p> <p>c Sustaining        \$80.00</p> <p style="padding-left: 40px;">Amount                \$ _____</p> <p>Non-Member of AOTA</p> <p>c OTR                \$65.00</p> <p>c COTA                \$60.00</p> <p>c OTS/OTAS *        \$30.00</p> <p>c Sustaining        \$105.00</p> <p>c Associate           \$130.00</p> <p style="padding-left: 40px;">Amount                \$ _____</p> <p>Other</p> <p>c Retired *            \$25.00</p> <p>c Contribution to    \$ _____</p> <p style="padding-left: 40px;">Legislative Fund</p> <p style="padding-left: 40px;">Amount                \$ _____</p> <p>Total Amount Due    \$ _____</p> <div style="background-color: #ccc; padding: 5px; margin-top: 10px;"> <p>Credit Card Payment:</p> <p>MC _____ Visa _____</p> <p># _____</p> <p>Exp. Date _____</p> </div>	<p>c Check all that apply</p> <p>c AA            Administration</p> <p>c ED            Education</p> <p>c GE            Gerontology</p> <p>c HA            Hand Rehab</p> <p>c HH            Home Health</p> <p>c HOSP        Hospital</p> <p>c INDUS       Industrial Therapy</p> <p>c MH            Mental Health</p> <p>c PD            Phys. Disab./Rehab</p> <p>c PD/SNF      Phys. Disab./SNF</p> <p>c PED          Pediatrics</p> <p>c SP            School Practice</p> <p>c Other        _____</p> <p>Please answer the following:</p> <p>Do you have Internet access?    Y    N</p> <p>Would you like to be listed in a practice specialty on the website?    Y    N</p> <div style="background-color: #ccc; padding: 5px; text-align: center; margin-top: 10px;"> <p><b>Please visit our website,</b>  <b>www.arizota.org, and click on</b>  <b>Membership, for pro-rated amounts.</b>  <b>(*student and retired are flat rates)</b></p> </div>	<p>c Check if you are interested in working on committee</p> <p>c COTA Issues</p> <p>c Continuing Ed/Conference</p> <p>c Development of Districts</p> <p>c Finance/Ways and Means</p> <p>c Legislation and Regulation</p> <p>c Membership</p> <p>c Public Relations</p> <p>c Publications:                      Newsletter/Reporters</p> <p>c Recognitions/Awards/                      Nominations</p> <p>c Reimbursement</p> <p>c Research</p> <p>c Tucson Group</p> <p style="text-align: center; margin-top: 20px;">Please complete this form and return with payment to ArizOTA.</p> <p style="text-align: center; margin-top: 20px;">Mail to:  ArizOTA Membership  P.O. Box 5214  Peoria, AZ 85385</p>