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#:	Arizona OT License #:	

PLEASE CHECK ☐ APPROPRIATE AREAS BELOW:

Membership Fees:

Member of AOTA
- ☐ OTR $60.00
- ☐ COTA $55.00
- ☐ OTS/OTAS $25.00
- ☐ Sustaining $80.00

Amount $_____

Non-Member of AOTA
- ☐ OTR $65.00
- ☐ OTA $60.00
- ☐ OTS/OTAS $30.00
- ☐ Sustaining $105.00
- ☐ Associate $130.00

Amount $_____

Other
- ☐ Retired $25.00
- ☐ Contribution to Legislative Fund $_____

Amount $_____

Total Amount Due $_____

Credit Card Payment:
MC____ Visa____

#_____

Exp. Date_____

Area(s) of Practice:

☐ Check all that apply

- ☐ AA Administration
- ☐ ED Education
- ☐ GE Gerontology
- ☐ HA Hand Rehab
- ☐ HH Home Health
- ☐ HOSP Hospital
- ☐ INDUS Industrial Therapy
- ☐ MH Mental Health
- ☐ PD Phys. Disab./Rehab
- ☐ PD/SNF Phys. Disab./SNF
- ☐ PED Pediatrics
- ☐ SP School Practice
- ☐ Other _____

Website options:

May we publish your name, address, e-mail & phone number in the ONLINE Directory? Y N

Would you like to receive the quarterly newsletter online, when available? Y N

Do you have Internet access? Y N

Would you like to be listed in a practice specialty on the website "Find a Therapist" area? Y N

Committees:

☐ Check if you are interested in working on committee

- ☐ COTA Issues
- ☐ Continuing Ed/Conference
- ☐ Development of Districts
- ☐ Finance/Ways and Means
- ☐ Legislation and Regulation
- ☐ Membership
- ☐ Public Relations
- ☐ Publications: Newsletter/Reporters
- ☐ Recognitions/Awards/ Nominations
- ☐ Reimbursement
- ☐ Research
- ☐ Tucson Group

New members (not renewing) who pay after 10/01 may pay pro-rated dues. Please visit our website, www.arizota.org, and click on Membership, for these amounts.

Please complete this form and return with payment to ArizOTA.
Mail to:
ArizOTA Membership
P.O. Box 5214
Peoria, AZ 85385