The American Occupational Therapy Association

Membership Application (Complete front and back)

Priority Code
SEP11

MEMBERSHIP CATEGORIES & FEES

❑ **Occupational Therapist.....$225**
Easy Pay Option.....$18.75/month**
(Full member benefits) Individuals who have completed a 4-year degree and are certified to practice occupational therapy in the United States.

❑ **OT New Practitioner*** (Full member benefits)
1st Year.....$119
2nd Year.....$175

❑ **Occupational Therapy Assistant.....$131**
Easy Pay Option.....$10.92/month**
(Full member benefits) Individuals who have completed a 2-year degree and are certified to practice occupational therapy as an assistant in the United States.

❑ **OTA New Practitioner*** (Full member benefits)
1st Year.....$95
2nd Year.....$120

❑ **Student** **$75**
(Full member benefits) Students currently enrolled in an OT or OTA program accredited or granted developing program status by the Accreditation Council for Occupational Therapy Education (ACOTE®), who have not yet taken the National Board for Certification in Occupational Therapy, Inc. (NBCOT) examination (the only exception is for an occupational therapy assistant who is enrolled in an accredited educational program for occupational therapists).

For other membership categories, please visit www.aota.org/membership

*To qualify you must have received your NBCOT certificate no more than 12 months prior to the date you apply for membership for 1st Year rates and between 13-24 months to receive the 2nd Year rate. You must attach a copy of your NBCOT certificate to this application.

**Easy Pay Option (monthly credit card payment program) available to Occupational Therapist and Occupational Therapy Assistant applicants only. To qualify, complete and sign Easy Pay Option box on the back of this form.

Questions?

Call AOTA Member Services at 800-SAY-AOTA (800-729-2682), ext. 2769
TDD: 800-377-8555

E-mail: members@aota.org

AOTA® The American Occupational Therapy Association, Inc.

MEMBER INFORMATION

Prior AOTA Member ID number (if applicable) _____

Prior membership name (if different) _____

Name _____

Address _____

City/State/ZIP _____

Daytime phone (Please include all numbers. Please check your preferred contact number.)

❑ Work _____ ❑ Mobile _____ ❑ Home _____

E-mail address _____

I was encouraged to join AOTA by _____

STUDENT MEMBERS ONLY: I am currently enrolled in an ❑ OT ❑ OTA program

Name of university _____

City/State _____

Graduation/Commencement date (Required) _____

PERSONAL INFORMATION

Sex ❑ Female ❑ Male

Birth date _____
MM/DD/YY

OCCUPATIONAL THERAPY EDUCATION

Bachelor's degree

Name of school _____

Year earned _____

Master's degree

Name of school _____

Year earned _____

Doctorate degree

Name of school _____

Year earned _____

Associate degree or certificate

Name of school _____

Year earned _____

OTHER EDUCATION

Describe your highest degree(s) in any other fields.

❑ Associate ❑ Bachelor's ❑ Master's
❑ Doctorate ❑ Other special credential

Name of school _____

Major field _____

Year earned _____

❑ Associate ❑ Bachelor's ❑ Master's
❑ Doctorate ❑ Other special credential

Name of school _____

Major field _____

Year earned _____

EMPLOYMENT

Print the name and address of your present place of employment in the spaces provided. Be sure to include the ZIP code.

Facility name _____

_____

Address _____

_____

City/State _____

ZIP _____

Telephone number _____

WORK SETTING (Select 2)

❑ 1. Academic
❑ 2. Early intervention
❑ 3. Free-standing facility
❑ 4. Home health
❑ 5. Hospital (non–mental health)
❑ 6. Neonatal unit of hospital
❑ 7. Private practice
❑ 8. School setting (public or private)
❑ 9. Rehabilitation hospital or center
❑ 10. Subacute facility/unit
❑ 11. Mental health setting
❑ 12. Work/industry/ergonomics setting
❑ 13. Community-based (e.g., United Cerebral Palsy, Easter Seals, homeless shelter)
❑ 14. Skilled nursing facility/long-term care/assisted living
❑ 15. Other (specify)

_____

_____

AOTA Membership Application, continued (Complete front and back)

SPECIAL INTEREST SECTIONS (OT, OTA, and Student only)

Membership includes online access to 11 Special Interest Sections (SISs) and their networks and subsections, along with online access to community forums, *Quarterly* newsletters, and archives.

You can customize your membership by selecting 3 SISs that appeal to your particular interests. From these 3, choose 1 printed SIS *Quarterly* to receive by mail. For all 3, you will have voting rights, leadership opportunities, and more. **Please mark these SISs in the following spaces, choosing from the code list to the right.**

SIS Code	SIS Code	SIS Code
____ printed SIS *Quarterly* for this selection	____	____

SIS Code Description

- A Administration & Management (includes Private Practice and Entrepreneurs Subsection)
- C Early Intervention and School
- D Developmental Disabilities
- E Education (includes Faculty and Fieldwork Subsections)
- G Gerontology
- H Home & Community Health (includes Home Modification Network)
- M Mental Health
- P Physical Disabilities (includes Hand Subsection and Driving/Driver Rehabilitation Network)
- S Sensory Integration
- T Technology
- W Work and Industry

OPTIONAL SELECTIONS (Go to www.aota.org/membership for details):

- ❑ **World Federation of Occupational Therapists Membership:** Annual Regular $28; Annual Student $24
- ❑ **Subscription to *OTJR: Occupation, Participation, and Health*:** U.S. $109; Canada $154.70; Outside North America $149
- ❑ **Contribution to National Awareness Campaign** (any amount) $ _____
- ❑ **Contribution to the American Occupational Therapy Foundation** (any amount) $ _____

AJOT SUBSCRIPTION OPTION

The *American Journal of Occupational Therapy (AJOT)* is an automatic member benefit available online and in print format. However, members may elect to discontinue receiving printed copies. If you do not wish to receive printed copies of *AJOT*, please check the box to the right. ❑ **Do not send me *AJOT* in print format.**

❑ EASY PAY OPTION (Monthly Credit Card Payment Program)

Check here and sign below* if you are joining the Easy Pay Option, a monthly credit card program with no service fees. Payments are made in 12 installments in the amounts shown below and are charged monthly to your credit card. **The plan is available to Occupational Therapy or Occupational Therapy Assistant membership category applicants only.** To use Easy Pay, you must complete and sign the agreement below and provide your credit card information.

Installments
Occupational Therapy ($225 annual dues) $18.75
Occupational Therapy Assistant ($131 annual dues) $10.92

AOTA will need your authorization to charge your monthly payment to a credit card of your choice. By supplying the requested information and signing below, you will authorize AOTA to charge to the credit card account indicated the amount indicated above each month for payment of AOTA annual dues. **No separate processing fee will be charged.** Monthly payments will be charged to your credit card account until such time as you cancel the credit card authorization by sending written notice of your request to cancel credit card authorization to AOTA stating your name and credit card account information. Such termination will be effective, and your credit card will no longer be charged for monthly dues, beginning the month following the month in which you send notice of termination. (No payments made will be refunded.) Requests for cancellation should be sent to The American Occupational Therapy Association, Inc. at 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220.

If you choose to subscribe to *OTJR: Occupation, Participation, and Health*, and/or to join the World Federation of Occupational Therapists, these fees will be charged along with the first installment.

If a credit card is declined during any of the monthly installments, AOTA reserves the right to cancel the membership immediately. However, AOTA may (at its discretion) notify you in writing that the charge has been declined and allow you 20 days to resolve the non-payment, including providing new account information or paying the outstanding balance for the annual membership by some other means.

Sign here to authorize AOTA to initiate credit card charges to the account indicated. Authorization for charge entry is to remain in effect until written notification from you is received by AOTA.

***Signature** _____

AOTA will use the personal information you have provided to process the monthly payment you have authorized, in accordance with the terms set forth above. Please keep a copy of this agreement for your records.

PAYMENT INFORMATION

$_____ Membership fees (see column on front page) + optional fees (if any)

$_____ Easy Pay monthly installment (credit card only)

❑ Check made payable to AOTA enclosed. Check # _____

❑ Please charge to my ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Cardholder's Name _____

Cardholder's Address_____

Account # _____

3-digit CVV security code (on front or back of card) _____ Exp. Date _____/_____

Signature _____

3 EASY WAYS TO JOIN:

Mail completed membership application and payment to **AOTA**, PO Box 347190, Pittsburgh, PA 15251-4190

Phone or Fax (credit card payments only)
Phone (800-729-2682, ext. 2769) or Fax (301-652-1417)

Online at www.aota.org/membership

Your AOTA dues may be tax deductible as a business expense. 13% of your dues is allocated to lobbying efforts and is not tax deductible. 2% of membership dues is designated as a contribution to the American Occupational Therapy Foundation, Inc. (AOTF).

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