

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***.....\$119
(Full member benefits)
- 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***.....\$95
(Full member benefits)
- Student-Plus**.....\$75
(Full member benefits plus the Student-Plus Fieldwork Forum) 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).
- Standard Student**.....\$53
(Limited member benefits) Same qualifications as for Student-Plus.

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. 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)
TDD: 800-377-8555

E-mail: members@aota.org



MEMBER INFORMATION

Prior AOTA Member ID number (if applicable) _____
 Prior membership name (if different) _____
 Name _____
 Address _____
 City/State/ZIP _____
 Daytime phone _____ Home phone _____
 E-mail address _____ Social Security number _____
 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 date _____

PERSONAL INFORMATION

Sex Female Male

Birth date _____
MM/DD/YY

Ethnic origin (check one)

- African American/Black
- Asian
- Asian American
- Hispanic/Latino/Latina
- Native American or Alaskan Native
- Caucasian/White
- Multiracial
- Other

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 _____

WERE YOU PREVIOUSLY AN OTA?

(For OTs only)
 Yes No

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 (Check all that apply)

- 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) _____