

Dear Colleague:

Thank you for inquiring about special membership dues for persons who are no longer employed as occupational therapists or occupational therapy assistants due to a permanent disability. AOTA offers a 1-year waiver of all membership fees for such persons who are current members at the onset of the disability.

Members who qualify for the waiver of fees must complete the form below and return it with the required documentation to the AOTA Membership Department. The waiver of dues is granted for a full year's membership; therefore, AOTA will not make any partial adjustment (refund) to current or past membership dues payments. Members must submit this form and the additional documents every year they wish to apply for the waiver. We are enclosing a reply envelope for your convenience.

Thank you for your continued support of the profession's national association. We look forward to your continued active involvement as a member of AOTA, and we send our best wishes.

Sincerely,

AOTA Membership Department

APPLICATION FOR 1-YEAR WAIVER OF FEES

Name _____ AOTA ID# _____

Mailing Address _____

Documentation of the medical condition and/or disability must accompany this application. Please submit one of the following items which states the nature of the condition or disability.

- Social Security Administration Records
- Veterans Administration Disability Records
- Armed Forces Disability Records
- Worker's Compensation Records
- Other (please specify): _____

Signature _____ Date _____