Membership Application (Complete front and back)

MEMBERSHIP CATEGORIES & FEES	MEMBER INFORMATION			
☐ Occupational Therapist\$225	Prior AOTA Member ID number (if applicable)			
Easy Pay Option**	Prior membership name (if different)			
	Name			
	Address			
	City/ State/ ZIP			
□ OT New Practitioner* (Full member benefits) 1st Year\$119	Daytime phone (Please include all numbers. Please check your preferred contact number.)			
2nd Year\$175	□ Work □ Mobile	, ,		
	E-mail address			
☐ Occupational Therapy Assistant\$131 Easy Pay Option**\$10.92/month	I was encouraged to join AOTA by			
(Full member benefits) Individuals who have	1 was encodiaged to join AOTA by			
completed a 2-year degree and are certified to practice occupational therapy as an assistant in	STUDENT MEMBERS ONLY: I am currently enrolled in an □ OT □ OTA program			
the United States.	Name of university			
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	City/State			
☐ OTA New Practitioner* (Full member benefits) 1st Year\$95	Graduation/Commencement date (Required)			
2nd Year\$120				
D.C. J	PERSONAL INFORMATION	EMPLOYMENT		
☐ Student \$75 (Full member benefits) Students currently	Sex ☐ Female ☐ Male	Print the name and address of your present place		
enrolled in an OT or OTA program accredited	Birth date	of employment in the spaces provided. Be sure to include the ZIP code.		
or granted developing program status by the	MM/DD/YY			
Accreditation Council for Occupational Therapy Education (ACOTE®), who have not yet taken the	OCCUPATIONAL THERAPY EDUCATION	Facility name		
National Board for Certification in Occupational	Bachelor's degree			
Therapy, Inc. (NBCOT) examination (the only exception is for an occupational therapy assistant	Name of school	Address		
who is enrolled in an accredited educational	Year earned			
program for occupational therapists).	Master's degree	City/State		
For other membership categories, please visit	Name of school	ZIP		
www.aota.org/membership	Year earned	Telephone number		
tt life all a langer affici	real carried			
*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.	Doctorate degree	WORK SETTING (Select 2)		
	Name of school	☐ 1. Academic		
	Year earned	2. Early intervention 3. Free standing facility.		
**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.	Associate degree or certificate	3. Free-standing facility4. Home health		
	Name of school	5. Hospital (non–mental health)6. Neonatal unit of hospital		
	Year earned	☐ 7. Private practice		
		8. School setting (public or private) Reposition begins for sectors.		
	OTHER EDUCATION	9. Rehabilitation hospital or center10. Subacute facility/unit		
	Describe your highest degree(s) in any other fields.	☐ 11. Mental health setting		
	☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Other special credential	☐ 12. Work/industry/ergonomics setting		
Overtions?	'	 13. Community-based (e.g., United Cerebral Palsy, Easter Seals, homeless shelter) 		
Questions?	Name of school	☐ 14. Skilled nursing facility/long-term care/		
Call AOTA Member Services at	Major field	assisted living		
800-SAY-AOTA (800-729-2682), ext. 2769	Voor oornod	☐ 15. Other (specify)		

Associate

Doctorate Name of school _

Major field _ Year earned ___ Bachelor's

☐ Other special credential

■ Master's

TDD: 800-377-8555

E-mail: members@aota.org



	1	of 2	

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 <i>Quarterly</i> for this selection		

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: Subscription to OTJR: Occupation, Participation, and Health: U.S. \$109; Canada \$114.45; Outside the U.S. \$149 (\$45/yr for air delivery outside the U.S.)
- ☐ Contribution to National Awareness Campaign (any amount) \$_____
- $lue{}$ Contribution to the American Occupational Therapy Foundation (any amount) $\$ $\$

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

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

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 #
$\begin{tabular}{lll} \square & Please charge to my & \square Visa & \square MasterCard & \square Discover & \square American Express \\ \end{tabular}$
Cardholder's Name
Cardholder's Address
Account #
3-digit CVV security code (on front or back of card) Exp. Date/_
Signatura

3EASY 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. 25% 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).

Priority Code May 13