

Membership Application (Complete front and back)

SAC17

MEMBERSHIP CATEGORIES & FEES

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

- OT New Practitioner** \$119
 Individuals who have received their NBCOT certificate no more than 12 months prior to applying for membership.

- Occupational Therapy Assistant** \$131
Easy Pay Option* \$10.92/month
 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
 Individuals who have received their NBCOT certificate no more than 12 months prior to applying for membership.

- Individual Associate** \$235
Easy Pay Option* \$19.58/month
 Individuals who are not certified to practice occupational therapy in the United States, or who are certified exclusively in a foreign country. Full member benefits, with the exception of voting rights.

- Student** \$75
 Individuals 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

*Easy Pay Option (monthly credit card payment program) available to Occupational Therapist, Occupational Therapy Assistant, and Individual Associate applicants only. To qualify, complete and sign Easy Pay Option box on the back of this form. Installment plans paid in equal installments over the first 3 months are available. Contact member services for details.

Questions?

**Call AOTA Member Services at
800-SAY-AOTA (800-729-2682)**

E-mail: members@aota.org

MEMBER INFORMATION

Prior AOTA Member ID number (if applicable) _____
 Prior membership name (if different) _____
 Name _____
 Address _____
 City/State/ZIP _____
 Preferred phone _____
 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 date _____

PERSONAL INFORMATION

Gender Female Male
Birth date _____ (MM/DD/YY)

OCCUPATIONAL THERAPY EDUCATION

Degree type _____
 Name of university _____
 Year graduated _____

NBCOT® certificate # _____
 Exam date _____

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) _____

Your AOTA membership includes access to online resources for members only. We remind you that your username and password are for your sole use. Sharing, selling or reselling of usernames and passwords is a copyright violation, and as such, is a violation of the law. Violation of the AOTA policy may result in revocation of AOTA online access privileges, ethic charges, and/or legal consequences.

By checking this box, I affirm that I will not share, sell or resell my AOTA member username and password. If I am found in violation of this policy, I understand my online access privileges may be revoked.

AOTA Membership Application, continued (Complete front and back)

SPECIAL INTEREST SECTIONS

Membership includes online access to 9 Special Interest Sections (SISs) and their networks and subsections, along with online access to community forums, *Quarterly Practice Connections* newsletters, and archives.

You can customize your membership by selecting 3 SISs that appeal to your particular interests. For all 3, you will have voting rights, leadership opportunities (OT and OTA members), and more. **Please mark these SISs in the following spaces, choosing from the code list to the right.**

PRIMARY	#2	#3
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SIS Code Description

- C Children & Youth
- D Developmental Disabilities
- E Academic Education
- G Productive Aging
- H Home & Community Health
- M Mental Health
- P Rehabilitation & Disability
- S Sensory Integration & Processing
- W Work and Industry

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

- World Federation of Occupational Therapists Membership:** Annual OT \$32; Annual OTA \$30; Annual Student \$27; Annual Associate \$60
- Subscription to OTJR: Occupation, Participation, and Health:** U.S. \$128
- 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 below.

- Do not send me AJOT in print format.**

EASY PAY OPTION (Monthly Credit Card Payment Program)

Easy Pay Applicant Information:

This is a monthly credit card program with no service fees. Payments are made in installments of \$18.75 (OT) or \$ 10.92 (OTA) and are charged monthly to your credit card.

Please note: Easy Pay is only available to pay for your membership. Any contributions you have elected to make will immediately be charged to your card.

By selecting Easy Pay and supplying the requested information, you will authorize AOTA to charge the indicated amount to the credit card information you provide for payment of your AOTA 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. To cancel this agreement, you must send written notice of your request to cancel your credit card authorization to AOTA. 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 notice of termination is received. Any existing payments made to your credit card will NOT be refunded. Request for cancellation should be sent either via email (members@aota.org) or by mail (The American Occupational Therapy

Association, Inc., 4720 Montgomery Lane, Bethesda, MD 20814 Attn: Membership Department). If requesting a cancellation by mail, please make sure the cancellation is sent through the United States Postal Service using their Return Receipt service.

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 by email, phone, or in writing that the charge has been declined and allow you 20 days to resolve the non-payment issue. Non-Payment issues can be resolved by providing new credit card information or paying the outstanding balance for the remainder of the term 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 # _____

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

Signature _____

3 EASY WAYS TO JOIN:

Online: www.aota.org/membership

Phone: 800-SAY-AOTA (729-2682)

Mail: Completed membership application and payment to

AOTA, PO Box 347190
Pittsburgh, PA 15251-4190

Your AOTA dues may be tax deductible as a business expense. 30% 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

SAC17