



# Occupational Therapy Association of Oregon Membership Application

Please select your membership category:  Therapist  Assistant  Associate  Student

## PROFILE INFORMATION - DISPLAYED TO MEMBERS

Title  Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree - Designation \_\_\_\_\_

Position Title \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_

University or School Attending (For Student Applicants) \_\_\_\_\_

Company \_\_\_\_\_

Profile Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## COMMUNICATION - OFFICE USE ONLY

Cellular Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Email \_\_\_\_\_

## MAILING INFORMATION

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

## HOME MAILING INFORMATION

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

## OTHER INFORMATION

License Number \_\_\_\_\_

Are you self employed?  Yes  No

Referred By: \_\_\_\_\_

Share With Us Your Education/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Share With Us the Various Social/Volunteer Organizations in which You Participate: \_\_\_\_\_

More Information - Anything Else You Would Like to Share?: \_\_\_\_\_

**Area of Practice:**  Children & Youth  Health & Wellness  Productive Aging  Rehabilitation & Disability  
 Work & Industry  Academia  Other

**Special Interest Sections:**  Gerontology  Home Health  Home Health  Driving  Hospice  Hands  
 Pediatrics  Mental Health  Burns/Wounds  Hippotherapy  Academia  None

**Volunteer Opportunities:**  One-Hit Wonder (single event or short task)  Project  Committee  Leadership Development  
 Conference  Website/Media  Legislative  Membership  Marketing  Fundraising  
 Mentoring  Presenting at Education Event  OT Night Out Site Leader  Not at this time

### DONATION OPPORTUNITIES

Please Indicate donation amount below:

AOTF Scholarship \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 OTAO Scholarship \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Legislative Fund \$ \_\_\_\_\_ \$ \_\_\_\_\_

**1 Total Donation Opportunites** \$ \_\_\_\_\_

### MEMBERSHIP DUES

*OTAO dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OTAO estimates that 100% of your dues are not deductible because of OTAO's lobbying activities on behalf of its members.*

Dues Selection:  Occupational Therapist.....\$99.00 \$ \_\_\_\_\_  
 Occupational Therapist Retiree .....\$00.00 \$ \_\_\_\_\_  
 Occupational Therapist Assistant.....\$75.00 \$ \_\_\_\_\_  
 Occupation Therapy Assistant Retiree .....\$00.00 \$ \_\_\_\_\_  
 Associate Member.....\$70.00 \$ \_\_\_\_\_  
 Occupational Therapy Student .....\$35.00 \$ \_\_\_\_\_

**2 Total Membership Dues** \$ \_\_\_\_\_

**1 + 2 = GRAND TOTAL** \$ \_\_\_\_\_

### PAYMENT INFORMATION

Make checks payable to OTAO or pay by credit card: VISA  MasterCard  AMEX  Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amt. Authorized: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address & Zip Code: \_\_\_\_\_ CVV \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

**Mail to OTAO at 147 SE 102<sup>nd</sup> Ave., Portland, OR 97216 or FAX to 503.253.9172 or join online at [www.OTAO.com](http://www.OTAO.com)**

*Due to credit card compliance rules we are unable to accept credit card information via email*