



THE OHIO OCCUPATIONAL THERAPY ASSOCIATION, INC.
 P.O. Box 693 Canal Winchester, OH 43110-0693
 Phone 614-980-2850 Fax 888-670-7224 <http://www.oota.org> Email: webmaster@oota.org

MEMBERSHIP RENEWAL

Name _____
As you would like it to appear in the online directory *Professional Credentials*

Address _____

City _____ State _____ Zipcode _____

County _____ Preferred Phone (_____) _____ - _____
(e.g., Franklin, Montgomery)

Email _____
Please do not use your work email address. Corporate servers may block email.

Preferred District

- North Central** (Akron area)
- Northwest** (Toledo area)
- West Central** (Dayton area)
- North Coast** (Cleveland area)
- Central** (Columbus area)
- Southwest** (Cincinnati area)
- Northeast** (Youngstown-Warren area)
- East Central** (Zanesville area)
- South** (Portsmouth and southeast Ohio area)

SIS Groups

- Older Adults** **Mental Health** **OT Education** (College/University) **Pediatrics/School--Based** (K-12) **Rehabilitation**

Membership Category

- \$60 OT.** An occupational therapist
 - \$50 OTA.** An occupational therapy assistant
 - \$40 New OT Practitioner.** Open to graduates who completed an ACOTE accredited OT Program within the previous 12 months
 - \$40 New OTA Practitioner.** Open to graduates who completed an ACOTE accredited OTA Program within the previous 12 months
- New Practitioners: Were you a student member of OOTA?* Yes No

- \$25 Student.** An individual enrolled in an approved OT or OTA curriculum

Student: Please provide your school and projected graduation year:

_____ School _____ Graduation Year

- Honorary Member**

- Retired** (Waiver of dues granted to retired members who have been members for previous 5 consecutive years, are no longer working and have reached retirement age as established by the Social Security Administration.)

- \$70 Associate.** An individual who is interested in promoting occupational therapy through participation in this corporation. Not for vendors, recruiters, or others with commercial interests. No OT or OTA is eligible for associate membership.

\$ _____ Sustaining Membership Gift (A gift of at least \$10.00 in addition to dues)

\$ _____ Scholarship Donation

Mastercard, VISA or Discover

_____ Expiration _____ Code _____ Billing Zip Code

Make checks payable to OOTA, Inc. and mail to PO Box 693, Canal Winchester, OH 43110-0693.