

THE OHIO OCCUPATIONAL THERAPY ASSOCIATION, INC.
P.O. Box 693 Canal Winchester, OH 43110-0693
Phone 888-231-7319 Fax 614-920-0830
http://www.oota.org Email: webmaster@oota.org

## **2018 NEW MEMBERSHIP APPLICATION**

DADE ONE CONTACT INCODICATION		
PART ONE: CONTACT INFORMATION		
Name		
As you would like it to appear in the online directory		
Address		
City	State Zipcode	
County	Preferred Phone()	
(e.g., Franklin, Montgomery)		
Fmail		
Email Please do not use your work email address. Corpora	te servers may block email.	
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PART TWO: SPECIAL INTEREST SECTIONS AND FORM OF PR	RACTICE	
OOTA uses this information to provide members with contine pertains to the populations you work with and the setting you work with an and the setting you work with an and the setting you work with an and the setting you	nuing education opportunities, networking and information that ou work in.  Residential Facility  Nursing Home/SNF	
Mental Health	Hospital	
OT Education	Private Practice	
Pediatric/School-Based Therapy	Retired	
Rehabilitation	School-Based	
	O.T. Educators	
	Home Health	
PART THREE: THE OOTA DISTRICT YOU PREFER		
TART TIREE. THE GOTA DISTRICT TOO TREFER		
OOTA uses this information to provide members with local or and announcements. OOTA members may attend events in	continuing education opportunities, networking, social activities any district.	
<ul> <li>□ North Central (Akron area)</li> <li>□ North Coast (Cle</li> <li>□ North Coast (Cle</li> <li>□ Central (Columber</li> <li>□ West Central (Dayton area)</li> <li>□ Southwest (Cincin</li> </ul>	·	

PART FOUR: MEMBERSHIP DUES				
ОТ	An occupational thera	\$ 60.00		
ОТА	An occupational thera	apy assistant	\$ 50.00	
STUDENT	An individual enrolled	d in an approved OT or OTA	curriculum \$25.00	
	School:	Graduation:		
ASSOCIATE	An individual who is interested in promoting occupational \$70.00 therapy through participation in this corporation. No OT or OTA is eligible for associate membership.			
PART FIVE: OPTIONAL GIFTS to support our work and our students				
SUSTAINING MEMBER (A gift of at least \$10.00 in addition to dues) \$				
SCHOLARSHIP FUND \$				
GRAND TOTAL OF MEMBERSHIP DUES AND OPTIONAL FEES \$				
PART SIX: METHOD OF PAYMENT				
Make checks payable to OOTA, Inc. or fill in credit card information below.				
Visa, Mastercard, or Discove			Expiration CVV/ Security	
Mail this form with your dues to OOTA, Inc. PO Box 693 Canal Winchester, OH 43110-0693				
1. What topics or speakers would you like to hear at OOTA continuing education events?				
2. Would you be interested in serving on a district or state committee?				
□Older Adults □ Mental Health □ OT Education □ Pediatrics/School-Based Therapy □ Rehabilitation □ Legislative Affairs □ Public Information □ Membership □ Nominations/Recognitions □ 3 <sup>rd</sup> Party Reimbursement				
3. If you would like your workplace to be included in your listing, please provide the name, address and phone number:				
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