



THE OHIO OCCUPATIONAL THERAPY ASSOCIATION, INC.
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MEMBERSHIP RENEWAL

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)

Email _____

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

PART TWO: SPECIAL INTEREST SECTIONS AND FORM OF PRACTICE

OOTA uses this information to provide members with continuing education opportunities, networking and information that pertains to the populations you work with and the setting you work in.

_____ Older Adults

_____ Mental Health

_____ OT Education

_____ Pediatric/School-Based Therapy

_____ Rehabilitation

_____ Residential Facility

_____ Nursing Home/SNF

_____ Hospital

_____ Private Practice

_____ Retired

_____ School-Based

_____ O.T. Educators

_____ Home Health

PART THREE: THE OOTA DISTRICT YOU PREFER

OOTA uses this information to provide members with local continuing education opportunities, networking, social activities and announcements. OOTA members may attend events in any district.

North Central (Akron area) North Coast (Cleveland area) Northeast (Youngstown-Warren area)

Northwest (Toledo area) Central (Columbus area) East Central (Zanesville area)

West Central (Dayton area) Southwest (Cincinnati area) South (Portsmouth and southeast Ohio)

