



OKLAHOMA OCCUPATIONAL THERAPY ASSOCIATION

2010-2011 Membership Application
Dues July 1, 2010 – June 30, 2011

Completed application and dues payable to OKOTA should be sent to: **OKOTA, PO Box 2602, Oklahoma City, OK 73101-2602.** Phone number to contact is 918 231-1300. **Please print clearly** - this information will be used for mailing labels and the membership handbook.

Name: _____ Phone () _____
Last Maiden First

Home Address _____
Street/Box Number City State Zip

Employer: _____ Phone () _____

Work Address: _____
Street/Box Number City State Zip

E-Mail Address _____ FAX Number: _____
(e-mail address will be used for mailings, announcements, workshops, CE offerings, etc.)

_____ Check here if you do NOT want information from above published in the membership handbook. (Please specify if all or only part of information should not be published.) _____

_____ Check here if you do NOT want your name used on mailings, announcements, workshops, CE offerings, etc

NBCOT Certification # _____ Oklahoma Licensure # _____

MEMBERSHIP CATEGORIES	_____ OTR	\$ 55.00	_____ Associate	\$ 20.00
	_____ COTA	\$ 25.00	_____ Organizational	\$300.00
	_____ Student*	\$ 15.00	_____ expected graduation date	_____

Members may request a payment plan over the 12-month period, if a one-time payment would cause a financial hardship. Contact OKOTA at the above address for details.

*If Student, School Affiliation: OUHSC ___ OCCC ___ TCC ___ CKVT ___ Murray ___ Brown-Mackie ___
Student Members must be currently enrolled in an occupational therapy program. Other students may join as Associate members.

OOTA VOLUNTEER INTERESTS:

- | | |
|--|--|
| _____ Nominations | _____ Annual Conference Committee |
| _____ Recruit & retain members | _____ Continuing Education Committee (1 day mtgs.) |
| _____ Use website template for announcements | _____ Development (Fundraising) Committee |
| _____ Website | _____ Assist with meeting registration/set up |
| _____ Recognitions | _____ Help with annual conference |
| _____ Promote OT | _____ Leadership Development |
| _____ Legislative issues | _____ Facilitate a workshop on _____ |
| _____ Payment issues and practice issues | _____ Facilitate an SIS group on _____ |
| _____ Adhoc (short-term) committee | _____ Mentor student-to-practitioner transition |

Please indicate other ways that you will be involved in OKOTA for the coming year. Your name will be sent to the corresponding committee chair:

Signature: _____ Date: _____