



# OHIO OCCUPATIONAL THERAPY ASSOCIATION

## NEW MEMBERSHIP APPLICATION

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)
- East Central (Zanesville area)
- South (Portsmouth and southeast Ohio area)

### Preferred SIS Group

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

### Area of Practice

- Academic/Education
- Adult Outpatient
- Community Based
- Early Intervention
- Home Health
- Hospital (Non-Mental Health)
- Hospital Neonatal Unit
- Mental Health
- Pediatric Outpatient
- Private Practice
- Rehabilitation Unit
- School Setting (public or private)
- Skilled Nursing Facility/Assisted Living
- Subacute Facility/LTACH
- Work/Industry/Ergonomic Setting
- Retired
- Other \_\_\_\_\_

### 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
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- \$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

Number	Expiration	Code	Billing Zip Code
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