O O T A
OHIO OCCUPATIONAL THERAPY ASSOCIATION

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)   ☐ **North Coast** (Cleveland area)
☐ **Northwest** (Toledo area)   ☐ **Central** (Columbus area)   ☐ **East Central** (Zanesville area)
☐ **West Central** (Dayton area)   ☐ **Southwest** (Cincinnati 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**

__**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. Please provide proof of previous 5 years membership and age with renewal.)

☐ **$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*

Make checks payable to OOTA, Inc. and mail to 4057 Waterford Way, Cincinnati, OH 45245 or fax to 888-670-7224
http://www.oota.org | ootacert@gmail.com