

MiOTA

Membership Application

Please Return Membership Form To: Michigan Occupational Therapy Association
 124 W. Allegan Suite 1900
 Lansing, MI 48933
 Email: office@mi-ota.com Website: www.mi-ota.com
 Phone: (517) 267-3918 Fax: 517484-4442

New Member	<input type="checkbox"/>
Renewing Member	<input type="checkbox"/>
Returning Member	<input type="checkbox"/>
# Years as OT:	_____

Dues paid to MiOTA are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expenses, except for a portion (11%) which represents nondeductible lobbying expenses.

Full Name & Title: (Please Print)	
Home Address:	
Street: _____	Apt/Suite: _____
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____

Employer/School Name: _____	
Address: _____ Suite: _____	
City: _____	State: _____ Zip: _____
Work Phone: _____	Work Fax: _____

Preferred Mailing Address:	<input type="checkbox"/> Home	<input type="checkbox"/> Work
Please Check Yes or No:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like my newsletters sent via email	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I am currently on the MiOTA listserv	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to be added to the MiOTA listserv.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I permit use of the above information is a <input type="checkbox"/> printed directory <input type="checkbox"/> online directory	
(Circle those appropriate) name; address; home phone; home email; job title; company; company address; company phone/fax; Signature: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to receive my Membership Renewal Notice via email at the following email address: _____	

Special Interest Section (Included with MiOTA dues)		
Please select up to 2 areas		
<input type="checkbox"/> Admin/Mgmt.	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Entrepreneur
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Hand Therapist	<input type="checkbox"/> Home Care
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> School Therapist	<input type="checkbox"/> Work Program

What types of continuing education courses would you like to be offered?

Payment Information:	
Check/Money Order # _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Your Total: \$ _____	
Credit Card Number: _____	Expiration: _____
Signature: _____	

Member of AOTA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered with the State of MI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Area of Specialty/Practice: _____
Please select one Chapter Membership (Included with MiOTA dues).
<input type="checkbox"/> Detroit <input type="checkbox"/> Western
<input type="checkbox"/> Saginaw Valley <input type="checkbox"/> Northern
<input type="checkbox"/> Huron Valley <input type="checkbox"/> Lansing
<input type="checkbox"/> Upper Peninsula <input type="checkbox"/> Southwest
Volunteer Interests:
<input type="checkbox"/> Awards <input type="checkbox"/> Advocacy
<input type="checkbox"/> Fundraising <input type="checkbox"/> Legislation
<input type="checkbox"/> Continuing Ed <input type="checkbox"/> Membership
<input type="checkbox"/> Practice <input type="checkbox"/> Newsletter
<input type="checkbox"/> Public Policy <input type="checkbox"/> Website
<input type="checkbox"/> Candidate for Office
<input type="checkbox"/> Local Chapter <input type="checkbox"/> Fall Conf
<input type="checkbox"/> Reimbursement

<input type="checkbox"/> OTR (\$89)
<input type="checkbox"/> COTA (\$79)
<input type="checkbox"/> Student (\$25)
<input type="checkbox"/> Associate (\$95)
<input type="checkbox"/> Retired OTR (\$44.50)
<input type="checkbox"/> Retired COTA (\$39.50)

The Mission of MiOTA is to advocate for the profession of occupational therapy in the State of Michigan and act as a communication vehicle for its members.

THANK YOU for MAKING A DIFFERENCE as a MiOTA MEMBER!!