MEMBERSHIP APPLICATION

Mail completed application form and check to:
AROTA, P.O. Box 10674, Conway, AR 72034
Email address: office@arota.org

Application Date:_____ New Membership _____ Renewal ____ Expiration Date:_____

Name: _____
First MI Last

_____
OTR/COTA License Number AROTA Member Number

___*Hm Address: _____
Address

_____
City State Zip

_____
Phone Email Address

___*Wk Address: _____
Company Name & Address

_____
City State Zip

_____
Phone Fax Email Address

*Which information would you like to be included in the online membership directory? ____Home _____Work _____None

Education: _____
Degree(s) University(s) Year(s)

Certifications: _____
Title(s) Year(s) Certified

Please circle your primary areas of practice:

Acute Care	Community Re-entry	Education	Ergonomics	Hands	Home Health
Inpatient Hospital	Mental Health	Pre-school Settings	Private Practice	Outpatient	Orthopedics
Rehabilitation	Residential	Schools	Skilled Nursing Facilities		

List the current age group of clients servicing: _____

Positions are open and we need your help to be advocates for our profession and better serve our members.
Circle the committee(s) you are interested in serving on:

Awards/Scholarship	Bylaws	COTA Forum	Cont. Education	Ethics
Finance	Legislation	Licensure	Medicaid	Medicare
Membership	Public Relations	Research	Online News Journal	

Are you interested in serving as a chairperson on a committee? _____

Circle if you are interested in running for an executive board position:

AOTA Representative	AOTA Alternate Representative	District Chair	Nominations
President	President-Elect	Secretary	Treasurer
Vice President			

Please check category: ___OTR $60 ___OTR $30 (new practitioner*) ___COTA $40 ___COTA $40 (new practitioner*)
___Retired $20 ___Student $10 ___Associate $60

*To qualify for the new practitioner rate, you must have received your license no more than 12 months prior to the date you apply for membership. A copy of your license must be attached to this membership application.

Membership must be renewed yearly. Renewal notices are sent at the beginning of the quarter in which your membership is set to expire.

Please contact AROTA if you have not received membership card within 30 days of sending in membership dues

For office use only: App Rec'd by:_____ Date Rec'd:_____ Amount Rec'd:_____
Check#:_____ Personal Check?_____ Business Check?_____
Business Name & Address:_____ Date sent to busmgr:_____
Rec'd by bus mgr:_____ Date processed by bus. mgr:_____ Notes:_____

Version Date: 10/2008