



Maryland Occupational Therapy Association

P.O. Box 2742, Columbia, MD 21045
Phone 410-290-3283; www.mdota.org

MEMBERSHIP APPLICATION

Name _____ Credentials _____

| | |
|---------|-------|
| New | _____ |
| Renewal | _____ |

 Date _____

Address _____ Home Phone (____) _____
City _____ State ____ Zip _____ Fax Number (____) _____
Employer _____ Work Phone (____) _____
City _____ State ____ Zip _____
E-mail Address _____

Information will be used for MOTA Activities and other professionally related contacts

MEMBERSHIP CATEGORY -

Please check one:

- Honorary**
- OTA** - \$50.00
- OTA Retired** - \$22.00
- OTR** - \$60.00
- OTR Retired** - \$28.00
- Associate** - \$20.00
- Student** - \$20.00
School: _____
Year of Graduation _____
(Attach copy of current student I.D.)
- Group of 3 or More** - Subtract \$5 per person (forms must be submitted together to receive discount)
- Second State Membership** - \$28.00
State: _____ Membership Number: _____
- I am interested in **Corporate Membership** - please send me information.

DONATIONS:

Legislative \$ _____
Scholarship \$ _____
Less Group Discount \$ _____
Total Enclosed: \$ _____

YEARLY ACTIVITIES PARTICIPATION -

Please designate your interest in participating in any of the following committees /activities, in preference order (1,2,3,... etc.):

- Conference (Early Fall)
- Legislative (Fall-Early Winter)
- Membership
- Fundraising
- Newsletter
- OTA Activities

AREA OF PRACTICE - Please check up to three:

- Administration and Management
- American Disabilities Act
- Clinical Education
- Developmental Disabilities
- Gerontology
- Hand Therapy
- Home & Community Health
- Mental Health
- Pediatrics
- Physical Disabilities
- Private Practice
- Research
- School Systems
- Sensory Integration
- Technology
- Visual Perception / Cognitive
- Work Program
- Other: _____
- Other: _____

GEOGRAPHIC AREA - Designate the area in which you work (W) & live (H). If same, use (X):

- District I** - Garrett, Allegany, Washington Counties
- District II** - Frederick, Carroll, Montgomery, Howard Counties
- District III** - Charles, Prince Georges', Calvert, St. Mary's Counties
- District IV** - Baltimore City; Baltimore, Harford, Anne Arundel, Cecil Counties
- District V** - Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset, Worcester Counties,

PRIVATE PRACTICE:

Area of practice _____
Do you take private clients? YES NO
Would you accept referrals through MOTA? YES NO

FOR OFFICE USE ONLY:

Date Rec'd _____ Amount \$ _____
Entry Date _____ Check # _____

MOTA is always interested in hearing how we can best serve our membership. Please feel free to add your comments or suggestions on the back of this form. Thank You!