



New York State Occupational Therapy Association
www.nysota.org (518) 301-9187

Membership Application & Renewal Form

YOUR INFORMATION

Name: _____
 Address: _____
 City/State/Zip: _____
 Email: _____
 Phone: _____
 Organization/School: _____
 I was referred by: _____

SELECT YOUR SPECIAL INTERESTS (SELECT ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Gerontology |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> Education & Fieldwork | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Home & Community Health | <input type="checkbox"/> Work & Industry |
| <input type="checkbox"/> Early Intervention/School-Based | |

SELECT A REGION

- | | |
|--|---|
| <input type="checkbox"/> Capital | <input type="checkbox"/> Metropolitan NY |
| <input type="checkbox"/> Central | <input type="checkbox"/> Niagara-Frontier/Western |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Hudson Valley | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Long Island | <input type="checkbox"/> Westchester-Rockland |

STAY CURRENT

Would you like to stay up to date on the latest news from NYSOTA? Check yes to receive our monthly e-newsletter, as well as legislative updates, CE event invitations, and conference information.

- Yes, please send me news from NYSOTA
 No, please do not contact me

SEND COMPLETED FORM TO:

Email: info@nysota.org
Mail: PO Box 533, Chester, NY 10918

SELECT A MEMBERSHIP

- | | |
|--|---|
| OT
<input type="checkbox"/> Annual Auto-Renew \$100/year
<input type="checkbox"/> Monthly Auto-Renew \$10/month
<input type="checkbox"/> Annual \$125/year | OTA
<input type="checkbox"/> Annual Auto-Renew \$80/year
<input type="checkbox"/> Monthly Auto-Renew \$8/month
<input type="checkbox"/> Annual \$100/year |
|--|---|

- | | |
|--|---|
| New Grad
<input type="checkbox"/> OT New Grad \$50/year
<input type="checkbox"/> OTA New Grad \$40/year | Student
<input type="checkbox"/> OT Student \$25/year
<input type="checkbox"/> OTA Student \$20/year |
|--|---|

- | | |
|---|--|
| Sustaining
<input type="checkbox"/> Annual Auto-Renew \$135/year
<input type="checkbox"/> Monthly Auto-Renew \$12.50/month
<input type="checkbox"/> Annual \$154/year | Retired
<input type="checkbox"/> Annual Auto-Renew \$70/year
<input type="checkbox"/> Monthly Auto-Renew \$7/month
<input type="checkbox"/> Annual \$85/year |
|---|--|

- Associate**
- Annual Auto-Renew \$100/year Monthly Auto-Renew \$10/month
- Annual \$125/year

Subtotal: \$

Additional contribution to NYSOTA:

NYSOTA Scholarship Donation:

Contribution to NYSOTPAC:

NYSOTA's Political Action Committee promotes awareness of the occupational therapy profession and critical legislative issues affecting it to NYS public and private sector policymakers.

Total: \$

SELECT YOUR METHOD OF PAYMENT

- Check enclosed, payable to NYSOTA
 Visa MasterCard Amex Discover

Cardholder Name _____

Card Number _____

Exp Date _____ CVV # _____ Billing Zip _____

Signature _____ Date _____

We cannot process an application without a valid email address. Email addresses will not be sold or distributed - they will only be used for NYSOTA official business.

FOR OFFICE USE ONLY

Accepted by:	Payment type, date, and amount:	Date processed:
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