

Wisconsin Occupational Therapy Association

Membership Application

Name _____
Address _____
City/State/ Zip _____
Home Phone _____
E-mail Address _____
Fax _____
County _____
Assembly District Number _____ Senate District Number _____

New member Renewing member

Using Your Credentials

Occupational therapists (OTs) and occupational therapy assistants (OTAs) may represent themselves as OTRs or COTAs by maintaining NBCOT certification.

I am NBCOT certified as an OTR COTA

Signature _____

I am a member of AOTA yes no

Years in Practice 1 - 5 6 - 10 11 - 15 16 - 20 21+

Selecting a District

Northcentral Southcentral
 Northeast Southeast
 Northwest Southwest

Place of employment or if a student, OT school you are attending

Workplace/School _____
Address _____
City/State/Zip _____
Work phone _____ Fax _____
E-mail _____

Practice & Special Interest Areas

1. Please identify primary area of practice from the list below.

Administration/Management
Cognition
Developmental Disabilities
Education
Geriatrics/Home Health
Hands
Mental Health

Pediatrics
Physical Disabilities
Private Practice/Community
Research
Technology
Work Programs
Other

*"WOTA protects my profession.
Supporting and being engaged with my
statewide professional association is my
professional duty."*

Wayne Winistorfer, MPA, OTR
Oshkosh, WI
Member since 1975

Fees ~ Renewing/Joining

<input type="checkbox"/> OT/OTR (Licensed to Practice)	\$120.00
<input type="checkbox"/> OTA/COTA (Licensed to Practice)	\$ 70.00
<input type="checkbox"/> OT/OTA (Student)	\$ 20.00
<input type="checkbox"/> Associate Member	\$ 40.00
<input type="checkbox"/> Retired	\$ 30.00
<input type="checkbox"/> Life Member	waived

Contribution to help the growth of WOTA \$ _____

Total Payment \$ _____

Check enclosed. Please make check payable to: WOTA

Credit card Mastercard Visa

Name on card _____

Address _____

City, State, Zip _____

Card # _____

Expiration Date _____ V-Code _____

Signature _____

Your signature authorizes WOTA to charge your card.

If using a credit card, application/renewal can be mailed or completed over the telephone. Please send completed application along with payment to: Wisconsin Occupational Therapy Association ● 16 North Carroll Street, Suite 600 ● Madison, WI 53703.

If you have questions or concerns, please contact WOTA at 608-819-2327, or e-mail to wota@wota.net. Visit the WOTA web site at www.wota.net.



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