



MEMBERSHIP APPLICATION

Put OTAC to work for you!

Please Print or Type

INDIVIDUAL MEMBER ONLY

FIRST _____ MIDDLE INITIAL _____
 LAST _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 HOME PHONE (_____) _____
 CELL PHONE (_____) _____
 EMAIL _____
 LICENSE # _____
 PRACTICE AREA (See box below) _____ YEARS IN PRACTICE _____
 BIRTHDATE (Optional) MONTH/DAY/YEAR _____
 NAME OF PERSON WHO REFERRED YOU _____
 STUDENTS ONLY
 SCHOOL CURRENTLY ENROLLED _____
 ANTICIPATED EXAM/GRAD DATE _____

EMPLOYER INFORMATION OF INDIVIDUAL MEMBER

COMPANY _____
 DEPARTMENT/DIVISION _____
 YOUR TITLE _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE (_____) _____ EXT. _____
 DIRECT LINE (_____) _____
 FAX (_____) _____

CORPORATE MEMBER ONLY

COMPANY _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE (_____) _____
 FAX (_____) _____
 EMAIL _____
 WEB SITE _____
 CONTACT PERSON _____
 CONTACT PERSON TITLE _____
 TYPE OF RELATED PRODUCT/SERVICE _____

MEMBERSHIP CATEGORY

ANNUAL DUES

- OT/L, OTR/L, OT (Full-time/Part-time) \$199
- OTA, OTA/L, COTA, COTA/L (Full-time/Part-time) \$149
- OTR/L or COTA/L (In graduate school full-time) \$115
- OT/OTA STUDENT (Full-time/Part-time) \$50
- RETIRED* \$65
- ASSOCIATE (Non-OT only) \$160
- CORPORATE (Complete Corporate Member section) \$500

**55 years old and over, no longer working in the field, and not maintaining a license.*

METHOD OF PAYMENT

I wish to participate in the E-Z Pay Plan. The form is attached/included with the membership application.

CHECK # (Payable to OTAC) _____

VISA MASTERCARD AMERICAN EXPRESS

CARD # _____ SECURITY CODE* _____

CARDHOLDER'S NAME _____

EXP. DATE _____

CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____

**The Security Code is a 3 or 4 digit number on the back of your card following your card number (front of AMEX card).*

TOTAL DUES PAID \$ _____

ADDITIONAL PAC** FUND CONTRIBUTION \$ _____

VOLUNTARY CONTRIBUTION TO OTAC \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

**Political Action Committee

REMIT YOUR DUES PAYMENT

OT/L, OTR/L, OT (Full-time/Part-time); OTA, OTA/L, COTA, COTA/L (Full-time/Part-time); Retired; Associate; and Corporate membership categories permit recurring payments upon renewal. If you agree to these terms, check the box below and the credit card entered will be automatically billed upon expiration date of this membership. To cancel the recurring payment contact OTAC at (888) 686-3225 or staff@otaonline.org.

I agree to the Recurring Payment Option.

REMIT YOUR DUES PAYMENT

BY MAIL: OTAC • PO Box 276567 • Sacramento, CA 95827-6567
BY FAX: (916) 932-1974 (For credit payment only)
QUESTIONS? EMAIL staff@otaonline.org • PHONE (888) 686-3225

ABOUT YOUR DUES

Contributions or gifts to the Occupational Therapy Association of California (OTAC) are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses except that portion which is allocated to association lobbying activities. OTAC estimates that the non-deductible portion of your OTAC dues—the portion which is allocable to lobbying—is 5%. Five dollars of your dues (except Corporate) is a voluntary contribution to OTAC's Political Action Committee and may be deducted from the amount due.

PRACTICE AREAS

- A. Academia
- B. Mental Health
- C. Pediatrics
- D. Physical Disabilities
- E. Wellness
- F. Other

ARE YOU INTERESTED IN VOLUNTEERING OPPORTUNITIES?

YES NO