



# 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) \$209
- OTA, OTA/L, COTA, COTA/L (Full-time/Part-time) \$159
- OTR/L or COTA/L (In graduate school full-time) \$115
- OT/OTA STUDENT (Full-time/Part-time)\* \$59
- RETIRED\*\* \$65
- ASSOCIATE (Non-OT only) \$160
- CORPORATE (Complete Corporate Member section) \$500

\*Verification of student status is required within 30 days of purchasing/renewing a student membership. Verification can include a dated school ID or current class schedule.

\*\*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 permitting 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) 294-0415 (For credit payment only)

QUESTIONS? staff@otaonline.org • (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