

MEMBERSHIP APPLICATION

MEMBERSHIP BENEFITS

- Registration Discount at KOTA Conference
- OT Representation of legislative issues
- Online KOTA Directory.... a GREAT Networking tool!
- KOTA's Quarterly Newsletter, *The Connection*
- Access to "Members Only" section of the KOTA website

Gloria Scammahorn Memorial Student Scholarship Fund

I would like to donate a voluntary contribution to this fund in the amount of \$ _____

(Enclose a separate check payable to AOTF (Kansas) Student Scholarship Fund.)

Your membership is not deductible as a charitable contribution for Federal Income tax purposes. However, payment of membership investments may be deductible as an ordinary and necessary business expense subject to the following restrictions:

Under the Omnibus Budget Reconciliation Act of 1993, **30 percent** of your dues are used for lobbying and not deductible as an ordinary and necessary business expense.

MEMBER INFORMATION

Please type or print neatly; Fill in all areas:

Name _____ License Number _____

Home Address _____ City, St Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Employer _____ Work Phone _____

JOIN OR RENEW AND GET A HALF PRICE MEMBERSHIP FOR A FRIEND!

With any current or new member paying full price get one new membership at half price!

- Two current members are not eligible for this promotion.
- Must send both applications in at one time and must note name of second member on each application.

Name of Second Member: _____

MEMBERSHIP CATEGORIES

Occupational Therapist.....\$50.00

New Grad\$25.00

(Grad date less than 1 year ago)

School _____

Grad Date _____

Occupational Therapy Assistant.....\$40.00

New Grad\$20.00

(Grad date less than 1 year ago)

School _____

Grad Date _____

Associate*.....\$40.00

* Must show full membership in another OT state association.

Student*\$15.00

* If student, must list school affiliation: _____

PRACTICE AREAS

(Please check all that apply)

Administration & Management

Early Intervention and School

Developmental Disabilities

Education

Gerontology

Home & Community Health

Mental Health

Physical Disabilities

Sensory Integration

Technology

Work and Industry

Other _____

DISTRICT MEMBERSHIP

(Please check one)

Capital (Topeka Area)

Greater Kansas City Area

Southern (Wichita Area)

Great Plains (Central/Western Area)

PAYMENT INFORMATION

Check Enclosed Visa MasterCard Discover

Card Number _____

Exp Date _____ Signature _____

MEMBER PREFERENCES

Is there anything special you would like to be involved with through KOTA?

How would you like to receive KOTA's quarterly newsletter, *The Connection*?

Email Mail