

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