

## 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
- MEMBERSHIP DOES NOT INCLUDE CEU MANAGEMENT SERVICES

### 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, **20 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.....\$60.00

- New Grad .....\$35.00  
 (Grad date less than 1 year ago)  
 School \_\_\_\_\_  
 Grad Date \_\_\_\_\_

Occupational Therapy Assistant.....\$50.00

- New Grad .....\$30.00  
 (Grad date less than 1 year ago)  
 School \_\_\_\_\_  
 Grad Date \_\_\_\_\_

Associate\*.....\$50.00

\* Must show full membership in another OT state association.

Student\* .....\$20.00

\* 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)

### MEMBER INVOLVEMENT

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

### PAYMENT INFORMATION

Check Enclosed  Visa  MasterCard  Discover

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Signature \_\_\_\_\_