



# Texas Occupational Therapy Association, Inc.

TOTA has year round membership enrollment. You will receive a full year's membership any time you join.

1. Enter your name.
2. Check or list all credentials.
3. List all addresses and telephone numbers. Check listed or unlisted to let us know if you do or do not want your home phone number in our annual membership directory.
4. Enter your TOTA membership number if known.
5. Enter your Texas Board of Occupational Therapy Examiners (License) number.
6. Enter your AOTA membership number.
7. Check your category of membership. A retired member is one who is aged sixty-five years or older, and is eligible for half-price dues.  
(For information about an Organizational membership, contact the TOTA office.)
8. Check the TOTA District in which you live.
9. Enter the name of the person who sponsored you, if any.
10. Indicate your area of practice or special interest. Please limit these to three (3) major areas. If you are interested in making your areas of expertise/interest available to the Texas Rehabilitation Commission, check the designated box at the bottom of this list.
11. Other: List your Senate and Legislative Districts which can be found on your voter registration card.
12. Membership Fee: You may renew your membership or apply for membership any time during the membership year. To obtain Gold Seal membership for reduced fees at workshops during the year, your renewal application must be in the TOTA office by the annual membership expiration date as printed on your membership card. Students can not be Gold Seal Members.

\* Payment plan options include postdated checks or prorating the fee on your Visa or Master Card. If paying by check, ALL payment for the total of the membership fee must be included in the form of postdated check(s) of equal amounts. No membership will be processed without all checks being included with the membership application. Name of cardholder must be printed exactly as it appears on the credit card. (Contact the TOTA office for assistance.)

## Membership Categories

### Basic Membership:

Occupational Therapist	
One-year membership	\$120.00
Two-year membership	200.00
Three-year membership	300.00

Occupational Therapy Assistant	
One-year membership	95.00
Two-year membership	150.00
Three-year membership	225.00

Occupational Therapy Student (1-year only)	30.00
--	-------

<b>Associate Membership:</b>	135.00
------------------------------	--------

### Sustaining Membership:

A higher level of giving in support of the association						
OT	1-year	\$180.00	2-year	\$300.00	3-year	\$459.00
OTA	1-year	152.50	2-year	225.00	3-year	337.50
Student		45.00	(1-year only)			

### President's Club:

A higher level of giving, which is a minimum of \$240.00 annually.

13. Write the dollar amount for dues for your membership category.
14. Please consider making a donation, to TOTAPAC, our Political Action Committee. Or consider making a tax deductible contribution to the TOTA Student Loan Fund; to the TOTA Emerging Issues Fund; to TOTF, our Research Foundation.
15. Enter the total of your membership fee plus other contributions on this line. Make your checks or money orders payable to:

TOTA, Inc.  
and mail to the TOTA office at  
P.O. Box 15576  
Austin, TX 78761-5576

(or FAX with credit card information to 512/450-1777. Make sure that ALL information – your complete account number, expiration date of the card and your signature – is included in the designated box.)

## Areas of Practice or Special Interest:

- |                               |                          |
|-------------------------------|--------------------------|
| A. Administration/Management  | I. Private Practice      |
| B. Developmental Disabilities | J. School-based Practice |
| C. Education                  | K. Sensory Integration   |
| D. Gerontology                | L. Work Programs         |
| E. Hand/Upper Extremity       | M. Technology            |
| F. Home Health                | N. Research              |
| G. Mental Health              | O. Wellness              |
| H. Physical Disabilities      |                          |

