



(Please print or type all information)

(1) Your Name

(2) Credentials

- OTR OTA OTS OT OTD OTAS
 COTA MOT PhD. MA EdD FAOTA
 CHT CVE Other

(If "other," please specify) _____

(3) Address and Phone Numbers

Street or P.O. Box _____

City _____ State _____ Zip +4 _____

Home Phone (AC) + Number Listed Unlisted _____

Work Phone (AC) + Number + Extension _____

Work Fax (AC) + Number _____

Cell Phone (AC) + Number _____

Email _____

University _____

(4) TOTA Memb. # _____

(5) TX OT License # _____

(6) AOTA Memb. # _____

(7) Membership Category

- Occupational Therapist Student
 Occupational Therapy Assistant Associate
 Retired

(8) District Membership

- Alamo South Rio Grande
 Capital-Centex Trinity North
 Great Plains West Out of State
 Gulf Coast East

(9) Sponsored by: _____

(10) Areas of Practice or Interest (Please check no more than 3)

- 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

(11) Texas Senate and Legislative District #s:

(See your voter registration card)

Senate District #: _____

Legislative District #: _____

(12) Fee Payment

(See fee schedule on the reverse side and enter amount below. Send with your check made payable to TOTA, Inc. or with credit card info.)

Membership Fee

- Basic Sustaining President's Club

(13) Dues amount (See back) _____

(14) Non-Deductible Donation to

TOTAPAC (Political Action Committee) _____

(15) TOTAL ENCLOSED _____

PAYMENT INFORMATION*

I am paying the full amount by (circle one)
Check Visa MasterCard

If you are an OT/OTA renewing your membership for the first time as a professional, you are entitled to 1/2 off your first year of dues. If you select credit card payment, you must enter ALL information below:

Account # _____

Exp. Date _____ **Security Code** _____

Signature _____

Please print name exactly as it appears on credit card.
_____ **Billing Zip** _____

Scan and email to: membership@tota.org

FOR OFFICE USE ONLY

Amount \$ _____ Date Received _____ Paid by _____

Check Number _____ Credit Approval # _____



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. Please list the university which conferred your degree.
- (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 a practitioner whose only practice is the provision of voluntary charity care without monetary compensation. A retired member is eligible for half price dues. A disabled member is an inactive practitioner. *(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.
- (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.
- (13) See Member Dues Selections in next column.
- (14) Please consider making a tax deductible contribution to:
 - TOTA Endowed Scholarship Fund
 - TOTF – Research Foundation
 - OT Benevolence Endowment
- (15) Please consider making a donation to:
 - TOTAPAC – Political Action Committee
- (16) Enter the total of your membership fee plus donations on this line.
 Make checks payable to: TOTA, Inc.
 Mail check with this form to:
 TOTA
 1106 Clayton Lane, Suite 516W
 Austin, Texas 78723

Areas of Practice *Please check no more than 3)*

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

Basic Membership:

Occupational Therapist

1-Year Membership	\$135.00
2-Year Membership	\$225.00
3-Year Membership	\$335.00
First Year following student membership if renewed before expiration date	\$67.50

Occupational Therapy Assistant

1-Year Membership	\$105.00
2-Year Membership	\$170.00
3-Year Membership	\$250.00
First Year following student membership if renewed before expiration date	\$52.50

Occupational Therapy Student* \$30.00

Associate Membership: \$135.00

Legacy Membership:

A higher level of giving in support of the association

Occupational Therapist

1-Year Membership	\$180.00
2-Year Membership	\$310.00
3-Year Membership	\$460.00

Occupational Therapy Assistant

1-Year Membership	\$155.00
2-Year Membership	\$230.00
3-Year Membership	\$340.00

Occupational Therapy Student* \$45.00

President's Club:

A higher annual level of giving minimum \$240.00

*Student-Per the by-laws, an occupational therapy student is one who is enrolled in an accredited OT or OTA program, or where the program's accreditation is pending. Membership as an OTS extends until successful completion of the certification examination. I

JOIN ONLINE AT:
www.tota.org