



MiOTA Membership Application

Personal Information:

Name:	Credentials:
Home Address:	
Contact Phone:	Contact Email:
Employer/School:	
Employer Address:	
Company Phone:	

Member Benefit Instructions:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newsletters & renewal notices sent via Email (default)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newsletters & renewal notices sent via US mail
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Add to Listserv
I permit listing of (check those that apply) in an online members only section:		
<input type="checkbox"/> name <input type="checkbox"/> home address; <input type="checkbox"/> phone; <input type="checkbox"/> email: <input type="checkbox"/> job title: <input type="checkbox"/> company; <input type="checkbox"/> company address; <input type="checkbox"/> company phone		

Chapter Membership (included with MiOTA dues. Please select one)

Detroit
 Huron Valley
 Lansing
 Northern
 Saginaw Valley
 Southwest
 U.P.
 Western

Special Interest Sections:

<input type="checkbox"/> Admin/Management	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Entrepreneur
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Hand Therapist	<input type="checkbox"/> Home Care
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Pediatric	<input type="checkbox"/> School Therapist	<input type="checkbox"/> Sensory Integration
<input type="checkbox"/> Work Program		

I am interested in serving MiOTA:

<input type="checkbox"/> Candidate for Office	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Advocacy/Legislation	<input type="checkbox"/> Awards
<input type="checkbox"/> Membership	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Fall Conference	<input type="checkbox"/> Local Chapter
<input type="checkbox"/> Public Policy	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> PAC	<input type="checkbox"/> Practice
		<input type="checkbox"/> Website	

Annual Member Dues:

OT, OTR, OTL, OTRL:	\$100.00		
OTA, OTAL, COTA, COTAL:	\$ 85.00	*Membership Rate:	\$
Student:	\$ 30.00		
Retired:	\$ 50.00		
Associate:	\$105.00	TOTAL Amount:	\$

Payment Information:

Check **(Make checks payable to MiOTA)** Check/Money Order#:

Visa
 MasterCard
 Am Express
 Card #: _____
 Exp. Date: _____
 CVV: _____
3 digit code on back of card

Signature: _____

Return with payment to: **Ph: 517-267-3918**
MiOTA **Email: office@miota.org**
124 W. Allegan, Ste 1900
Lansing, MI 48933

*Dues paid to MiOTA are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expenses, exception for apportion (15%) which represents nondeductible lobbying expenses.
 **Would you like to contribute to the MiOTA Political Action Committee? If so, please make out a personal check to Friends of OT in Michigan PAC and mail directly to: Friends of OT in Michigan PAC, P.O. Box 20363, Kalamazoo, MI 49019-20363. PAC contributions are voluntary contributions, are not deductible for federal tax purposes, and are used for political purposes. PAC contributions must be made from individual accounts; no corporate or business checks are accepted.