

**Louisiana Occupational Therapy Association**

**MEMBERSHIP APPLICATION**

**Contact Information: Please provide all contact information and indicate how you wish to be contacted.**

|  |  |  |
| --- | --- | --- |
| □ Residential |  | □ Professional |
| Name: |  | Facility Name: |
| Address: |  | Address: |
| City/State/Zip: |  | City/State/Zip: |
| Phone: |  | Phone: |
| Cell: |  | Fax: |
| Email: |  | Email: |

□ Check this box if you do not wish to receive text mail from LOTA.

**CLASSIFICATION:** Indicate licensure status (membership is effective for 12 months from date of joining.

□ OTR $100 □ COTA $75 □ Student $25 □ Associate $150 □ Corporate $300

□ OTR 3years $240 □ COTA 3 years $180

**PAYMENT:**

□ Credit Card

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address for Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Check

Make check payable to LOTA and mail to P O Box 14806, Baton Rouge, LA 70898

**DONATION:** Please consider donating to one or more of the following LOTA sponsored causes.

□ Political/Legislative Fund □ Scholarship □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_ See Below\* Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the amount of your donation, and include the total in your check for membership dues.

\*Should you wish to donate to the Todd Poche Endowed Scholarship of the Louisiana Occupational Therapy Association, please submit a check directly to AOTF, 4720 Montgomery Lane, P O Box 31220, Bethesda, MD

20824-1220 and indicate on the memo section of your check "LOTA Scholarship Fund".

**VOLUNTEER INTERESTS:**

Please check any of the volunteer activities in which you are interested:

□ Contributing to the newsletter □ Providing a one hour in-service at my District meeting

□ Serving as a Board Member for LOTA □ Assisting with annual fundraising for LOTA

□ Attending the legislative Open House held annually □ Recruiting new LOTA members (friends, colleagues,

at the state capital co-workers)

□ Working with corporate sponsors on LOTA activities

□ Presenting clinical or research information at a workshop or conference sponsored by LOTA

□ Contributing ideas for topics for conferences or workshops: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following member encouraged me to join: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions/Concerns? Call 225-291-2806**

**Visit our website at www.lota.org**

**LOTA ~ P O Box 14806 ~ Baton Rouge, LA 70898**