

**Alabama Occupational Therapy Association
ALOTA Membership Application**

PLEASE PRINT

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Email: _____

Employer/School: _____

CIRCLE:

New membership or Renewal

District preference:

North North Central Central East Central South Wiregrass

I prefer district meetings that:

include continuing education include a social activity are online only combine all

ALOTA Committee(s) you are interested in:

Reimbursement Conference Government Affairs Public Relations Newsletter
Recognition/Awards Membership No preference No committee

I prefer to receive my ALOTA newsletter via:

Postal mail or Email

DUES: Circle Membership Type

1 year OTR \$60.00 1 year COTA \$ 40.00 1 year OTS \$20.00

2 year OTR \$100.00 2 Year COTA \$70.00

*New Practitioner Rate for the 1st year after graduation:

1 year OTR \$40.00

1 year COTA \$30.00

Please return completed application to:

**ALOTA Membership
2632 Alta Vista Circle
Birmingham, AL 35243**

Your ALOTA Membership card will be mailed to you directly.