

**VERMONT OCCUPATIONAL THERAPY ASSOCIATION**

**Membership Application**

**Please Note:  We have rolling membership dates. Your membership will be active for one (or 3) years from the date we receive your payment. If you would like to use our automatic renewal service, please fill out the online application at www.vermontot.org**

**Please complete the following information as you wish it to appear in the membership directory.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_ZIP**

**County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Personal email address preferred. Work email may be invalid if employment changes**

**I wish to be listed in the Membership Directory   yes (default)  no**

**I wish for my email address to be added to the North Country OT listserv  yes (default)   no**

**I would like to be on the VOTA email list to receive updates and board meeting minutes  yes  no**

**To list your business or workplace information in the Membership Directory, please complete the following:**

**Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_\_\_**

**County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director/Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Web site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One:        OT   1 year - $50.00       3 years -   $140.00**

** OTA  1 year - $35.00      3 years -   $95.00**

** Organization ($200.00) includes 5 individual memberships and 1 complementary advertisement in VOTA newsletter.\*\*\* Please be sure to fill out the Business section above and list Names of individual members on the reverse of this form**

** OT/OTA Student -$15.00  Inactive Practitioner $15.00**

**Please make checks payable to VOTA and mail, with this application to:**

**VOTA membership**

**PO Box 925**

**Richmond  VT 05477**

**What areas of practice do you engage in?  Where is it located? How many hours per week do you work, on average (in each area if more than one)?**

 Admin/Management                Physical Disabilities         Pediatrics

 Geriatrics                 Outpatient Rehab         Hand Therapy

 School System                   Inpatient Rehab         Mental Health

 Private Practice                  Work Programs         Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!