

**VERMONT OCCUPATIONAL THERAPY ASSOCIATION**

**2019 Membership Application**

**Please Note:  MEMBERSHIP YEAR RUNS FROM January 1, 2019 TO DECEMBER 31, 2019**

***Membership longevity is concurrent with the membership year versus an anniversary date, therefore all applications received before December 31, 2019 will still terminate on January 1, 2020***

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

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

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

**Phone (hm)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       (wk)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**

**Please mail me a membership card to the address listed above.  [ ] (Unless checked, confirmation and member number will be sent by email only.)**

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

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

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

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

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

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

**Check One:        OT   1 year - $40.00       3 years -   $110.00**

* **OTA  1 year - $25.00      3 years -   $70.00**
* **Organization ($150.00) 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**
* **Assoc. $15.00  (student, retired, non-practicing therapists)**

**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!