



Alabama Occupational Therapy Association

Membership Committee
1116 20th Street South #315
Birmingham, AL 35205
www.alota.org

ALOTA MEMBERSHIP APPLICATION - PLEASE PRINT

Name: _____

Home Address: _____

Work/School Address: _____

Preferred Mailing Address: Home Work

Preferred E-mail Address: Home Work _____

I prefer to receive my ALOTA correspondence via:

Postal Mail or E-mail

Preferred Phone: Cell Home Work (_____) _____

Expected Graduation Month & Year (if applicable): _____

1) Type of Membership:

New Membership **or** Renewal

2) District preference (choose one):

North (NO) North Central (NC) Central (CN)
 South (SO) Wiregrass (WG) East Central (EC)

3) ALOTA Committee(s) you are interested in:

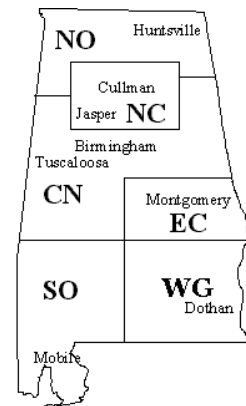
Conference Reimbursement Government Affairs
 Newsletter Awareness Recognition/Awards
 Membership Website

4) I prefer district meetings that:

include continuing education include a social activity
 are online only combination of all

5) Dues/Membership Type:

1 year OTR **\$75.00** 1 year COTA **\$55.00** 1 year OTS **\$30.00**
 2 year OTR **\$125.00** 2 Year COTA **\$95.00**
 1 Year New Practitioner OTR **\$60.00** 1 Year New Practitioner COTA **\$40.00**



**Make Checks Payable to: ALOTA and mail to the address in the header.
OR**

**Pay online securely through PayPal using a credit card debit card or checking account
for more information visit www.alota.org**