

Membership/Renewal Application

MOTA

Missouri Occupational Therapy Association

Membership Application 2007-2008

The Missouri Occupational Therapy Association invites you to join our dynamic group of professional advocates. Our membership year runs from July 1 to June 30. To join MOTA, follow the steps:

Step 1: Complete the following. Please Type or print clearly.

Date _____

Last Name _____ First Name _____

Home Address _____ Area Code/Phone _____

City/State/Zip _____

Employer/School _____ E-Mail Address _____

Work Address _____ Area Code/Phone _____

City/State/Zip _____ Fax Number _____

Current Position _____ Specialty _____

Member Type: Renewal New Member AOTA Member: Yes No
(First Time Member)

Earned Degree in Occupational Therapy from: _____ MO License # _____

Check if you wish to exclude your phone number(s) from the directory.

Step 2: Choose the District that you want to join: (NOTE: 1 Area included with membership)

- | | |
|---|---|
| <input type="checkbox"/> Greater St. Louis (St. Louis & surrounding area) | <input type="checkbox"/> Southwest (Springfield area) |
| <input type="checkbox"/> Mid-Missouri (Columbia area) | <input type="checkbox"/> Southcentral (Ozark area) |
| <input type="checkbox"/> Northwest (Kansas City area) | <input type="checkbox"/> Southeast (Cape Girardeau) |

Step 3: Check if you would like to be involved in:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> State Conference |
| <input type="checkbox"/> District Activities | <input type="checkbox"/> Nominating / Awards | <input type="checkbox"/> QA/Standards | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Placement | <input type="checkbox"/> Recruitment | |
| <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Publications | <input type="checkbox"/> Scholarships | |

Step 4: Check membership category:

All MOTA membership categories receive quarterly newsletters and a membership directory. The rights and privileges for each membership category are defined in the directory. Conference discounts are granted to all membership categories except "Organizations".

- Occupational Therapist----- \$60.00
- Occupational Therapy Assistant----- \$45.00
- OT/OTA Student ----- \$15.00
- New Graduate ----- \$15.00
- Associate member (current member – other State) -- State _____ ---- \$45.00
- Organization, Institution, Agency, or Allied Health Professional----- \$150.00
- Honorary or retired----- -0-

Step 5: Fees

- 1) Membership category fee----- \$ _____
- 2) Optional Donation----- \$ _____
- 3) Add Lines 1 & 2-----TOTAL \$ _____
- 4) Retaining Member discount of \$5.00
(if you were a MOTA member last year, not applicable to students) \$ _____
- 5) Referred New Members (deduct \$10.00 per OT, OTA, or Assoc member or full fee for 5 new members) (not applicable to students) \$ _____
Name(s) _____

(referred members' applications and checks must be attached)
- 6) Total Lines 4 & 5 ----- \$(_____)
- 7) Subtract Line 6 from Line 3 and enter TOTAL AMOUNT DUE----\$ _____

Step 6: Make Checks Payable to: MOTA

Step 7: Mail to:

MOTA Membership
Rich Helfrich
#2 Barkwood Court
St. Peters, MO. 63376

Step 8: MOTA Welcomes Your Comments, Ideas and Feedback.

To improve our organization and to meet the needs of our members, we need your input. Please share your ideas, need, or concerns about MOTA below:

Thank you for your support of MOTA.
Carol Ponciroli, President • 314-361-6965 • E-Mail cpotrl@aol.com
MOTA website – www.motamo.net