

MISSISSIPPI OCCUPATIONAL THERAPY ASSOCIATION

Membership Application – Membership Year is April 1, 2008 – March 31, 2009.

Previous MSOTA Member? Yes ___ No ___

PLEASE PRINT CLEARLY AND FILL IN ALL AREAS. If you are unable to join at this time, please provide us with the requested information so that we can maintain a comprehensive OT directory.

Name _____
Last
First
MI

Address _____

City
State
Zip
County
()
Home Phone

Position/Title _____ Employer _____

Address _____

City
State
Zip
County
()
Employer Phone
Extension

Email Address _____ Fax No. _____

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR PAYMENT FOR MSOTA MEMBERSHIP

<p>MSOTA PO BOX 4916 Jackson, MS 39296 Phone/Fax: 601-853-9564 MSOTA@jcomcast.net Make checks payable to M.S.O.T.A.</p>	<p>Please Charge My: VISA # _____ Mastercard _____ Expiration Date _____ Signature _____</p>
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Membership Categories:

OTR \$70 ___
 COTA \$55 ___
 Student \$30 ___
 (active until graduation)
 School Attending _____
 Anticipated Grad. Date
 Month/Yr. _____
 Associate \$30 ___
 Honorary/ Retired Free

Special Membership Categories:

Magnolia \$50 ___
 Cotton \$25 ___
 Student Sponsor \$30 ___
 (Please select a school of your choice for the two year student sponsorship.)
 ___ UMC OT
 ___ HCC OTA
 ___ PRCC OTA
 ___ ICC OTA

District Membership

Northern District ___
 Delta District ___
 Central District ___
 Meridian District ___
 South Central District ___
 Coastal District ___

Committee Interests:

Recognition ___
 COTA ___
 Continuing Education ___
 Legislative & Licensure ___
 Nominations ___
 Newsletter ___
 Public Relations ___
 Special Interest Section ___
 Reimbursement ___

Special Interest Sections:

<i>Practicing In :</i>	<i>Interested In:</i>
___ Geriatrics	___
___ School Systems	___
___ Home Health/Community	___
___ Physical Dysfunction	___
___ Education	___
___ Mental Health	___
___ Administration	___
___ Developmental Disability	___
___ Sensory Integration	___
___ Technology	___
___ Work Programs	___

Your name and address will not be sold by MSOTA.