

MEMBERSHIP AGREEMENT

IOTA shall support and advance the profession of Occupational Therapy by promoting professional development, public awareness, reimbursement and political advocacy.



MEMBER INFORMATION

NEW RENEWAL

Date _____

Name/Title _____

Home Address _____

Employer Name/Address _____

Email Address _____

Home Phone _____

Work Phone _____

Special Interest Sections

Please check all that apply

Practicing in:

Interested in:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> |
| <input type="checkbox"/> Hands | <input type="checkbox"/> |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> |
| <input type="checkbox"/> Phys Rehab | <input type="checkbox"/> |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> |
| <input type="checkbox"/> Home Health/Community | <input type="checkbox"/> |
| <input type="checkbox"/> School Systems | <input type="checkbox"/> |
| <input type="checkbox"/> Education | <input type="checkbox"/> |
| <input type="checkbox"/> Administration | <input type="checkbox"/> |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> |
| <input type="checkbox"/> _____ | <input type="checkbox"/> |

District:

- Far North
 North
 S. Central
 S. East
 S. West

How do you prefer to be contacted?

- Home Phone
 Work Phone
 Email
 Mail

Please make check payable to IOTA and return with form to:

IOTA • P. O. Box 7364 • Boise, ID 83707

Phone: (208) 388-4682

Email: info@id-ota.com • www.id-ota.com

One voice for the OT profession—

Join IOTA today.

- OT \$85
 OTA \$65
 OT/OTA Student \$15
 Aide \$50
 Associate* \$95
 Fair Share \$35

Your Fair Share support is tax deductible as a normal business expense. It is not deductible as a charitable donation.

Please add my donation to the Education and Awareness Fund:

\$ _____

Total Enclosed \$ _____

Payment information:

- Check enclosed
 MasterCard Please enter three-digit code on back of card: _____
 Visa

Card # _____

Expiration Date _____

Signature _____

I authorize IOTA to charge my credit card.

Date: _____

**Collaborating professionals such as PT, SLP, etc.*

Office use:	<input type="checkbox"/> dbase	<input type="checkbox"/> card	<input type="checkbox"/> directory	<input type="checkbox"/> SIS	<input type="checkbox"/> updates	<input type="checkbox"/> District
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The Idaho Occupational Therapy Association is tax exempt under section 501 (c) (6) of the IRS Code. Your dues investment is not a charitable deduction, but may be deductible as an ordinary and necessary expense for business purposes.