



# Alaska Occupational Therapy Association

## 2010 MEMBERSHIP APPLICATION

Dues for January 1, 2010 to December 31, 2010 are as follows:

**OT: \$50.00; COTA: \$35.00; Student: \$10.00;  
Retiree Member (lifetime membership): \$100**

Please print and complete the following form, then mail it along with a check or money order payable to Alaska OT Association.

Send to:

**Alaska Occupational Therapy Association  
PMB 1616, 3705 Arctic Blvd.  
Anchorage, AK 99503**

Name: \_\_\_\_\_ Title: (circle one) OT/L OTR/L COTA

AK License #: \_\_\_\_\_

### HOME

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### WORK

Place of Employment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I prefer to be contacted at: Home \_\_\_\_\_ Work \_\_\_\_\_ Either \_\_\_\_\_

### **Specialty Section**

Administration/Management\_\_ Home and Community Health\_\_  
Developmental Disabilities\_\_ Physical Disabilities\_\_ School System\_\_  
Sensory Integration\_\_ Education\_\_ Technology\_\_ Gerontology\_\_  
Work Programs\_\_ Mental Health\_\_ WFOT\_\_

### **How could AKOTA help you this year?**

Please Prioritize

Continuing Education\_\_ Workshops\_\_ Legislative/Licensure info\_\_  
Contact with peers\_\_ Public Awareness\_\_ Reimbursement\_\_  
Exchange of ideas\_\_ Access to Literature\_\_

### **Would be willing to serve as a committee member, liaison, or any of the following?**

Short term AKOTA project\_\_ Longer term AKOTA project\_\_  
Conference\_\_ Membership\_\_ Officer\_\_ Archives\_\_  
Regional Contact/Coordinator\_\_ Grants\_\_ Awards\_\_  
Legislative Info/Contacts\_\_ Newsletter\_\_ Public Relations\_\_  
Specialty Section Liaison\_\_ Other Ideas\_\_  
Alaska Voting District # \_\_\_\_\_