

North Carolina Occupational Therapy Association

Membership Application

How NCOTA Membership works for you:

- **Action to** promote your practice and increase access to occupational therapy services
- **Advocacy**—NCOTA is the *only* organization representing your interests with legislators and policymakers in Raleigh
- **Access** to resources in the “members only” section of the NCOTA website
- **Affordable** continuing education opportunities
- **Access** to answers, resources and networking through the Special Interest Sections
- **Discounted** annual conference registration
- **E-updates** to keep you informed on the latest news affecting practice and the profession in NC
- **Networking opportunities** with practitioners who share your practice interests, with practitioners who live in your area, and with practitioners across the state
- **Opportunities** for professional leadership and recognition

**What else?
NCOTA needs YOU!
Join today.**

Questions? Contact the NCOTA office at office@ncota.org or call 919-785-9700

MEMBER INFORMATION

Name _____

Home Address _____

City/State _____

ZIPCODE (9 digits): _____ -- _____ If you are not sure of your 9 digit zip code, it can be found on your driver's license.

Home phone: (_____) _____ Work phone: (_____) _____

Email address: _____

I was encouraged to join by: _____

Student members only: I am currently enrolled in an OT OTA program

Name of school: _____

City/State: _____ Graduation date: _____

Personal information

Sex

Female Male

Birthdate (mm/dd/yy)

_____/_____/_____

Ethnic origin

African/American/Black Asian

Asian-American Hispanic/Latin/Latino

Native American Caucasian/White

Multiracial Other

Why does NCOTA ask for personal and ethnic information? This information provides us with more accurate demographics about our membership, and is used to monitor trends in the occupational therapy workforce in North Carolina. Sharing it helps NCOTA to advocate more effectively for you, for our profession and for those we serve.

Employment information

Facility name _____

Address _____

City/State/Zip _____

Occupational therapy education

(check all that apply)

Associate Bachelors

Masters Doctorate

Other credentials: _____

Other education

Degrees/credentials in fields other than OT:

Degree(s): _____

Field(s): _____

Credentials: _____

Work setting (check all that apply)

Academic Neonatal unit Mental health setting

Early intervention Private practice Work/industry/ergonomics

Free-standing facility Public school Community-based

Home health Rehab center Skilled nursing/long term care

Hospital (not mental health) Subacute facility Other: _____

Be sure to complete **BOTH** sides of this form

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MEMBERSHIP CATEGORIES, FEES AND QUALIFICATIONS
(choose one)

Occupational therapist - individuals who have completed an educational program and are credentialed to practice as an occupational therapist
\$75.00

Occupational therapy assistant- individuals who have completed an educational program and are credentialed to practice as an occupational therapy assistant
\$65.00

Student-individuals currently enrolled in an accredited educational program (or developing program) who have not yet taken the NBCOT exam
\$37.50

Contributions to NCOTA are not deductible as charitable contributions for federal income tax purposes. No portion of NCOTA membership dues is deductible as a business expense.

Membership is effective when your *completed application* is received and your *payment* is processed. This will be approximately 5 business days from when you fax this form, or 8-10 business days from when you mail this form.

Paying by CHECK? MAIL the completed form and your check (or 2 checks if contributing to Friends of OT PAC) to:
NCOTA
PO Box 20432 Raleigh, NC
27619-0432

Paying by CREDIT CARD? MAIL your completed form to the address above, or you may **FAX** your form to NCOTA at: **919-771-0115**. Be sure you have faxed BOTH sides of the form for your application to be complete.



Questions? Call 919-785-9700
or email office@ncota.org

SPECIAL INTEREST SECTIONS

Membership in NCOTA includes free membership in as many special interest sections as you desire, with access to SIS events and web resources. Please identify which Special Interest Section(s) you wish to join.

- Administration & Management Mental Health Technology
- Gerontology Pediatrics
- Home Health Physical Disabilities

Yes, I'd like to get more involved professionally in NCOTA activities and events. I'm interested in:

- Helping to establish or coordinate a local district in my area or planning for local networking events
- Networking with others on payment and regulatory issue to support NCOTA advocacy
- Representing OT with other organizations where I have contacts
- Being part of a network of clinical (fieldwork) educators
- Sharing my practice expertise in a newsletter article or web resource
- Helping to plan and prepare for the NCOTA annual conference

Yes, keep me informed of news and events which affect my profession and my practice. Please send NCOTA E-Updates to me at the e-mail address I've provided.

Yes, I want NCOTA to include my contact information in a searchable online member database or membership directory so that other members can contact me. (NCOTA does not share member contact info with those outside of NCOTA).

Friends of OT PAC is the Political Committee working for occupational therapy in North Carolina. Contributions to Friends of OT PAC are used to advocate for occupational therapy. Contributions *must be drawn on personal (not corporate) accounts, must be paid by CHECK, and must be made out Friends of OT PAC. You must also identify your employer (on reverse). Contributions to Friends of OT PAC are not tax deductible.*

Yes, I want to support advocacy by contributing \$_____ to Friends of OT PAC.

PAYMENT

\$_____ Membership fees (see column at upper left)

Check made payable to NCOTA enclosed. Check # _____

Check made payable to Friends of OT PAC enclosed. Check # _____

Please charge my NCOTA dues to Visa Mastercard

Account #: _____

Expiration date: ____/____/____

3 digit card verification number (CVV security code) on the back of your card (after the printed card number): _____

Name on card: _____

Signature: _____

Be sure to complete **BOTH** sides of this form