

MEMBERSHIP APPLICATION

Circle One: Renewal or New Member Previous MSOTA Member? Yes/No

Name		
Last	First	MI
Home Address		
City State	Zip County	() Primary Phone
Email Address	1	Fax No
Employer	Position/Title	
PLEASE COMPLETE THIS FO	ORM AND RETURN WITH YOUR P.	AYMENT FOR MSOTA MEMBERSHIP
MSOTA P.O. BOX 2188 Brandon, MS 39043 Phone: 601-853-9564 Fax: 601-500-5757 Email: <u>mississippiota@gmail.com</u>	Name of card holder: Address of card holder Card Type: Visa/Mar Card #:	rd, please provide the following <u>billing</u> info: er:stercard/American Express/Discover
OT/OTA Annual Membership: OT \$70.00 OTA \$55.00 OTA \$30.00 Associate \$30.00 Honorary/Retired Free Student/New Grad Membership: Student Student \$30.00 (active until graduation) School Attending Ant. Grad Date (mo/yr)	OT Multi-Year Membership: 2 years \$136.50 3 years \$199.50 4 years \$259.00 OTA Multi-Year Membership: 2 years 2 years \$107.25 3 years \$156.75 4 years \$203.50	Current Practice Area: Academic/Education Acute Care/Inpatient Admin/Mgmnt Geriatric/Long-termCare Home & Comm Health Mental Health Outpatient Pediatric/School Pediatric/Other
New OT Graduate \$55.00 (disc price good for 6 mos following grad) New OTA Graduate \$40.00 (disc price good for 6 mos following grad) Special Membership Categories: Magnolia \$50.00 Cotton \$25.00 Student Sponsor \$30.00 (Please select a school of your choice for the two year student sponsorship.)	Years of practice: 1 to 5 years	Student
UMMC HCC ICC PRCC		