

## 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		