



Virginia Occupational Therapy Association

Membership Application

VOTA's Core Values: Intelligence that supports the science and technique of the occupation; integrity that embraces ethics and moral values of the profession and society; inspiration through altruistic leadership and volunteer opportunities; networking that supports knowledge and belief in the occupation; and imagination that creatively meets members' needs by developing proactive solutions and benefits.

Member Information

Name: _____
 Home Address: _____
 City/State/Zip: _____
 Home Phone: _____ Work Phone: _____
 Email: _____
 I was encouraged to join by: _____
 I prefer to be contacted by: Mail Phone Email

Employment Information

Employer: _____
 Area of Practice/Specialty: _____

Personal Information

Birth date (mm/dd/yy): ____/____/____ Sex: Male Female
 Ethnic Origin (optional):
 African American/Black American Indian or Alaskan Native
 Caucasian/White Hispanic/Latin/Latino Asian
 Native Hawaiian/Pacific Islander Multiracial Other

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

Membership Categories, Fees and Qualifications (choose one):

OT - \$75.00 OTA - \$50.00 OT Senior* - \$35.00
 OT/OTA Student -\$25.00 Associate - \$65.00
 Corporate - \$500.00 (contact our office for Corporate application)

**OT Senior - Anyone aged 65 years or older, not actively participating as an OT or OTA due to retirement or disability, OT or OTA member in good standing at the time of retirement or disability. Age requirement does not apply to members with a disability.*

Payment Information

\$_____ Membership Fees + \$_____ Optional Contributions = \$_____ Total Payment

Note: membership fees and contributions to VOTA are not tax deductible.

Check made payable to VOTA enclosed OR Please charge my VOTA dues to Visa MasterCard American Express
 Name on Card: _____
 Billing Address: _____
 Card #: _____ Security Code: _____ Expiration Date: ____/____/____
 Signature: _____

Virginia State License#: _____
(information required per VOTA Bylaws)

Title: OT/L OTR/L OTA/L
 COTA/L OTS/OTAS Other

Yes, I'd like to get more involved in VOTA activities and events. Please add my name to the list for future volunteer opportunities. I'm interested in the following committees (check all that apply):

Bylaws and ethics Legislative
 Conference Membership
 Continuing education Public Affairs
 Finance Reimbursement
 Fundraising
 Scholarships/Awards/Nominations

Optional Contributions:

State Legislative Services *(this is not a PAC)*
 Scholarship
 Sustaining Member *(at least 30% of your membership category)*

Student Members Only

I am currently enrolled in an:
 OT OTA Program
 Name of School: _____
 Graduation Date: ____/____/____

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