



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;

Imagination that creatively meets members' needs by developing proactive solutions and benefits.

Questions?

Please call or email the VOTA office:
(804) 523-2911
office@vaota.org

Membership Information

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email Address _____

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

Title: OT/L OTR/L OTAL COTA/L OTS/OTAS

Other _____

I was encouraged to join by _____

I prefer to be contacted by Mail Phone Email

Employment Information

Facility Name _____

Area of Practice/Specialty _____

Student Members Only: I am currently enrolled in an OT OTA Program

Name of School _____

Graduation Date _____

Personal Information

Sex

Male Female

Ethnic Origin (optional)

- African American/Black
- American Indian or Alaskan Native
- Asian
- Caucasian/White
- Hispanic/Latin/Latino
- Multiracial
- Native Hawaiian/Pacific Islander
- Other

Birth date (mm/dd/yy)

____ / ____ / ____

Why does VOTA 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 Virginia. Sharing it helps VOTA to advocate more effectively for you, for our profession.

Please complete both sides of this form and send with payment to:

Virginia Occupational Therapy Association | 6200 Lakeside Avenue | Richmond | VA | 23228 | Fax: (804) 288-3551



MEMBERSHIP APPLICATION

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
- Organization*** - \$110.00

*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.)

***Organization, institution or agency interested in occupational therapy.

Please make checks payable to:

VOTA
6200 Lakeside Avenue
Richmond, VA 23228
Fax: (804) 288-3551

Membership Information

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 (check all that apply):

Committees:

- | | |
|---|--|
| <input type="checkbox"/> Bylaws and ethics | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Scholarships/Awards/Nominations |

Optional Contributions:

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

Payment:

\$ _____ Membership Fees (see column on left)

\$ _____ Optional Contributions

\$ _____ **Total Payment**

- Check made payable to VOTA enclosed
- Please charge my VOTA dues to

<input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express

Security Code on card (3 digits on back of Visa or MC or 4 digits on front of AMEX) _____

Account # _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____

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

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