



**CONNECTICUT OCCUPATIONAL THERAPY ASSOCIATION  
MEMBERSHIP APPLICATION**

**Membership Application (please check one)**

New       Renewal       Lifetime (for retired OT's)

**Your Information (Please complete each section)**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Credentials: \_\_\_\_\_

Specialty Certifications: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Date of Graduation from OT School: \_\_\_\_\_

Years of Experience as an OT/OTA: \_\_\_\_\_

**Special Interest Sections:**

Please circle to indicate your primary area of practice or interest (choose up to three)

Productive Aging

Technology

Children and Youth

Work and Industry

Mental Health

Wellness and Prevention

Rehabilitation, Disability and Participation

Reimbursement, Administration and Management

**Volunteer Opportunities:**

- Be a Mentor:                       Find a Mentor:  
 Host Job Shadow                       Conferences / Community Based Projects:  
 Host SIS                       Provide Education at SIS  
 Legislative Committee                       Open / Future Board Position  
 Write Practice Articles                       I am willing to volunteer \_\_\_\_\_ hours a week / month (circle one)

**Payment for Dues (please check one)**

- OTR \$75.00 annually     2 years for \$140.00     3 years for \$180.00  
 COTA \$70.00 annually     2 years for \$130.00     3 years for \$165.00  
 Student \$20.00 annually  2 years for \$30.00     3 years for \$45.00  
 Retired Occupational Therapists (please contact ConnOTA for rates)  
 Organizational Membership: (Must complete a corporate application)

**Optional Contributions (Please enter the amount you wish to contribute)**

Scholarship Fund \_\_\_\_\_                      Legislative Fund \_\_\_\_\_  
Publicity Fund \_\_\_\_\_                      General Fund \_\_\_\_\_

To process your membership, ***a check must be enclosed or you may pay by credit card on our website.*** Please note the date of your application. You will receive a notification of renewal before the year is completed. If you prefer to pay by mail, please mail your check and the completed application form to:

**ConnOTA Membership  
370 Prospect Street  
Wethersfield, CT 06109  
info@connota.org**

**Office Use Only**

Membership valid date \_\_\_\_\_  
Check Number \_\_\_\_\_ Check Date \_\_\_\_\_ Paid Online \_\_\_\_\_