

RHODE ISLAND OCCUPATIONAL THERAPY ASSOCIATION
MEMBERSHIP FORM

Last Name: _____ First Name: _____
Street: _____ City, State: _____
Zip Code (+4) _____ Telephone (H): _____
E-Mail: _____ Fax: _____

****RIOTA will use email for most correspondence, including newsletter****
If you prefer to receive correspondence via mail, please contact a board member who will make arrangements with you.

Employer: _____
Work Address: _____
Work City/State: _____ Work Zip: _____
Telephone (W): _____ Fax: _____
Practice Area: _____ Position: _____
Specialty Area: _____

We would like to request your assistance in a variety of areas. Please check below if you would be interested in serving on any of the following committees:

- Newsletter Public Relations Mental Health SIG Pediatric SIG Legislative
 Education/Resource Other Special Interest Group(s): _____

Do you have any suggestions for improving RIOTA? _____

Suggestions for topics/speakers: _____

- OTR -one year membership-..... \$55.00
 OTR -two year membership-.....\$100.00
 COTA -one year membership-\$45.00
 COTA -two year membership-\$80.00
 Associate/Retired \$35.00
 Student..... FREE

Total from above: _____
Voluntary donation for Lobbying/PAC efforts: _____
TOTAL: _____

*** All memberships will be annual Sept 1-Aug 31 starting Sept 2007. Membership dues received outside the September Membership Drive will be PRO-RATED at the time of initiation. Please contact TREASURER@riota.org or call (401)345-8356 To find out payment due.*

*If you require any special accommodations to participate in RIOTA activities, please notify
Gina Alston
Email: gla331@cox.net*

**Please make check payable to RIOTA and mail with application to
RIOTA
PO Box 8585
Warwick, RI 02888-0599**

THANK YOU FOR YOUR SUPPORT!!