

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 Pediatric SIG Mental Health SIG Phys Dys
 Legislative Education/Resource Other Special Interest
Group(s): _____

Do you have any suggestions for improving RIOTA? _____

Suggestions for topics/speakers: _____

<input type="checkbox"/> OTR -one year membership-.....	\$60.00
<input type="checkbox"/> OTR -two year membership-.....	\$110.00
<input type="checkbox"/> COTA -one year membership-	\$50.00
<input type="checkbox"/> COTA -two year membership-	\$90.00
<input type="checkbox"/> Associate/Retired	\$40.00
<input type="checkbox"/> Student.....	FREE
Total from above: _____	
Voluntary donation for Lobbying/PAC efforts: _____	
TOTAL: _____	

All memberships will be annual September 1 - August 31

*If you require any special accommodations to participate in RIOTA activities, please notify
Natalie Leland-Wiatrowski Email: president@riota.org*

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

Check to see if your HR department will reimburse this membership fee.

THANK YOU FOR YOUR SUPPORT!!