



MEMBERSHIP APPLICATION

First Name: _____

NEW MEMBER?

Last Name: _____

YES NO

Credential(s): _____

RESIDENTIAL CONTACT INFORMATION

PROFESSIONAL CONTACT INFORMATION

Address: _____

Organization: _____

Town: _____

Address: _____

State: _____ Zip Code: _____

Town: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

- Occupational Therapist (OT) - \$85
- Occupational Therapy Assistant (OTA) - \$65
- Retired OT - \$42.50
- Retired OTA - \$32.50
- Student OT or OTA (2 year membership) - \$65

Method of Payment:

Visa

MasterCard

Amex

Discover

Card Number: _____ Exp: _____ CVV: _____

Check: Please make check payable to *MAOT* and enclose with completed application

ADA accommodations for all MAOT sponsored events are available when requests are submitted at least 30 days prior to the event.

For more information contact: info@maot.org

Mail completed application to: MAOT, P.O. Box 850543 Braintree, MA 02185

MAOT registration fees are not tax deductible