Nebraska Occupational Therapy Association, Inc.
NOTA Membership Application

Making "The Good Life" Even Better

Date:_____ ☐ New Member ☐ Membership Renewal ☐ My contact information has changed.

PLEASE PRINT CLEARLY: Register online: www.notaonline.org

Name:	May we make your name available to OT-related mailing lists? ☐ Yes ☐ No	
Address:		
City:	State:	Zip Code:
Position/Title/Professional Credentials:		
Employer/School:		
Business Address:		
City:	State:	Zip Code:
Home Phone: ( )	Business Phone ( )	

Email address: _____ Check here if you do not want your email address in the membership directory ☐
(Your email address is used only for the NOTA Perspectives newsletter and for NOTA communication)

Membership Dues:

☐ Occupational Therapist	$60.00
☐ Occupational Therapy Assistant	$40.00
☐ OT/OTA Retired	$30.00
☐ Student (no initial certification)	$20.00
☐ Associated Member	$45.00
☐ Organizational Member	$100.00

☐ Donation (not tax deductible, towards legislative needs, Website and publications) $ _____

Total Amount Due: $_____

Credit Card Payment:
MC_____ Visa____
#_____

Expiration Date _____
Please print name exactly as it appears on card:_____

Signature: _____

For Office Use Only:
Amount $_____ Date Received: _____
Paid By: _____
Check #_____
Credit Approval #_____

Please check any commitees/issues you may be interested in working on:

☐ Continuing Education	☐ Multicultural Affairs	☐ Reimbursement
☐ COTA	☐ Newsletter	☐ Research
☐ District Level Activity	☐ Nominations	☐ SIS Activity
☐ Fundraising Committee	☐ Placement	☐ WFOT
☐ Legislative Advocacy	☐ Public Relations	
☐ Membership	☐ Recognitions	

Volunteer Opportunities in NOTA

☐ I would be willling to speak on my specialy area of _____

☐ I would be willing to be a mentor in my specialty area of _____

☐ I would be willing to host a NOTA meeting or inservice at my facility _____

Please Check Area(s) of Special Interest

☐ Administration	☐ Mental Health	☐ Other_____
☐ Education	☐ Pediatrics	
☐ Geriatrics	☐ Physical Rehabilitation	

How can NOTA help you _____
What conference and meeting topics do you recommend? _____
_____

Please make checks payable to "NOTA, Inc."
Please return form to: NOTA, Inc
PO Box 31594
Omaha, NE 68131-0594