



Massachusetts Association for Occupational Therapy

Membership Application

Last Name _____ New Member Yes/no _____

First Name _____ MAOT # _____

Preferred Methods of contact: (Please Check Box for each category)

Contact Information Residential Professional

Organization _____

Street _____ Street _____

Town _____ Town _____

State _____ State _____

Zip Code _____ Zip Code _____

Telephone _____ _____

E-Mail _____ _____

Membership Fees

- Occupational Therapist (OT) \$75.00
- Occupational Therapy Assistant (OTA) \$60.00
- Student of Occupational Therapy (OT/s or OTA/s) \$30.00
- Other – Retired Practitioners 50% discount \$.....

Donations & Contributions

Karen Jacobs Scholarship Fund \$ _____

OTA Scholarship Fund \$ _____

Total Amount Enclosed \$ _____

Method of Payment

Visa Number: _____ Exp. Date _____

MasterCard Number: _____ Exp. Date _____

Amex _____ Exp. Date _____

Discover _____ Exp. Date _____

Check: Please make your 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 event.

For more information contact:

Donna Caira ♦♦ 781-647-5556 ♦♦ www.info@maot.org ♦♦ email: info@maot.org

MAOT dues are not tax deductible

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