

If you would prefer to join online, please click the back bar and click on the JOIN NJOTA button, or Renew Membership. (You can pay by check or credit card.)

For mail-in applications, please print out this form, fill it in and then mail completed application along with check or money order made payable to NJOTA TO:

NJOTA, PO Box 401, Summit, NJ 07902      1-888-80-NJOTA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work

Fax: \_\_\_\_\_

Preferred Address (circle): work/home

County: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ (Necessary if you wish to access member-only areas on the website [www.njota.org](http://www.njota.org))

Do you want email updates regarding OT and NJOTA issues? (please circle): Yes/No

Do you wish to make your contact information (name and email address) available to other NJOTA members? (please circle): Yes/No

Committee Involvement: I am interested in helping out in the following NJOTA areas (please circle):

Website Management

Reimbursement

Practice

Membership

Legislation

Public Relations

Multicultural

State Liaison

Education

Nomination

ADA

Other

Specialty Certification: \_\_\_\_\_

Does NJOTA have permission to list your name in their "Find-a- therapist" database for consumers to find therapists based on location or area of practice? (Please circle):  
Yes/No

If Yes, please give the contact phone number you wish to be published: \_\_\_\_\_

If Yes, please give a brief description of the services you offer. This will be included in the information provided through the Find a Therapist search.

Does NJOTA have permission to sell your name and address to recruiters, conference organizers and such? (please circle): Yes/No

Membership dues: Please check appropriate category: \_\_\_\_\_ Renewal \_\_\_\_\_ New Member

Circle appropriate dues amount and fill in total at the bottom.

\_\_\_\_\_ OT Membership \$75.00 1 year. \$140.00 2 Year

\_\_\_\_\_ OTA Membership \$50.00 1 year. OTA Member. \$90.00 2 Year

\_\_\_\_\_ Student Membership \$25.00 FULL-TIME OT Student. List School: \_\_\_\_\_

\_\_\_\_\_ Golden Membership \$40.00 Circle: OT/OTA over 62 yrs.

\_\_\_\_\_ Auxiliary Membership \$50.00 Member of another state OT assoc. (include proof)

\_\_\_\_\_ Associate Membership \$50.00 Ineligible under any of the above categories

\_\_\_\_\_ NJOTA Contribution (tax deductible). Supporting NJOTA in addition to regular membership fees.

\_\_\_\_\_ TOTAL