



## Membership Application

Last Name \_\_\_\_\_ New Member \_\_\_\_\_  
 First Name \_\_\_\_\_ Yes/No \_\_\_\_\_

Contact Information  Residential Contact Information  Professional

Street \_\_\_\_\_ Organization \_\_\_\_\_  
 Street \_\_\_\_\_

Town \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone  \_\_\_\_\_  \_\_\_\_\_

E-Mail  \_\_\_\_\_  \_\_\_\_\_

Occupational Therapist (OT) \$85.00  
 Occupational Therapy Assistant (OTA) \$65.00  
 Student of Occupational Therapy (2 year membership) \$45.00  
 Other – Retired Practitioners 50% discount

### Method of Payment

Visa Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

MasterCard Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Amex \_\_\_\_\_ Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Discover \_\_\_\_\_ Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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: MAOT, P.O. Box 850543, Braintree, MA 02185

◆◆ [www.maot.org](http://www.maot.org) ◆◆ email: [info@maot.org](mailto:info@maot.org)

*MAOT dues are not tax deductible*

Massachusetts Association for Occupational Therapy

