Delaware Occupational Therapy Association
Membership Application

Membership Type (check one): ___ Student($5) ___OTA($35)___OT($40)___Associate($50)
___OTA 2-year($65) ___OT 2-year($75)

Section 1 – Membership Directory Information

Please complete in Section 1 only the information that you would like published in the DOTA Membership Directory. Please leave blank any information that you do not want included in the directory.

Name & Title (M.S., OTR/L, OTR/L, COTA/L, OTA/L, OTS, etc.):

Street Address:

City, State, Zip:
Home Phone:
Cell Phone:
Employer:
Specialty/Area of Practice/Certifications :

Work Phone:
E-mail Address:
Do you wish to be contacted by outside vendors? YES/NO

Section 2 – Mailing Address

Please complete Section 2 with where you would like your DOTA information mailed and/or e-mailed.

Name & Title:
Street Address:

City, State, Zip:

E-mail address:

Section 3 – Contact Information

Please list any additional information, not listed above, that DOTA may use to contact you. This information will NOT be published in the DOTA Membership Directory.

Section 4 – Additional Information

Check any committees that you would be interested in participating:

___Awards and Nominations
___Continuing Education
___Legislative Committee
___Newsletter
___Advertising Management
___Fund raising P/R
___Membership
___DOTA Annual Conference

Please list any topic of interest for continuing education:

Please list any issues that affect OT practice in Delaware:

Please list ways that DOTA can enhance its member benefits:

Are you a member of AOTA? (circle one) YES NO

Please mail this form with dues payable to DOTA to:
DOTA
c/o Cheryl Murray
1319 Floral Drive
Wilmington, DE 19810

For Office Use Only:

Date Joined:
Membership Expires:
Check #:
Approved:
Member Number: