



**Alabama Occupational Therapy Association**

Membership Committee  
1116 20<sup>th</sup> Street South #315  
Birmingham, AL 35205  
[www.alota.org](http://www.alota.org)

**ALOTA ASSOCIATE MEMBERSHIP APPLICATION - PLEASE PRINT**

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

**Type of Membership: (please check one)**

Individual Membership      **or**       Corporate Membership

Name (if different from above) and mailing address for mail outs and newsletters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I prefer to receive my ALOTA correspondence via:**

Postal Mail      or       E-mail

**1) District preference (choose one):**

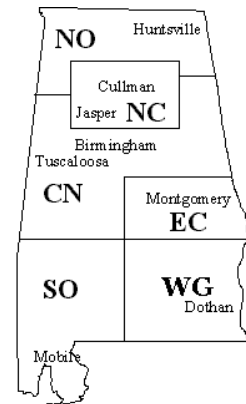
North (NO)       North Central (NC)       Central (CN)  
 South (SO)       Wiregrass (WG)       East Central (EC)

**2) ALOTA Committee(s) you are interested in:**

Conference     Reimbursement     Government Affairs  
 Newsletter     Awareness       Recognition/Awards  
 Membership     Website

**3) Dues/Membership Type: (please check one)**

1 year Individual Membership **\$50.00**  
 1 year Corporate Membership **\$250.00**



**Make Checks Payable to: ALOTA and mail to the address in the header.**

**OR**

**Pay online securely through PayPal using a credit card debit card or checking account  
for more information visit [www.alota.org](http://www.alota.org)**