

## MEMBERSHIP APPLICATION

### MEMBERSHIP BENEFITS

- Discounted registration at KOTA's annual conference
- Free access to KOTA district-hosted CE courses (virtual or in-person)
- OT representation on legislative & regulatory issues
- Weekly reports during the Kansas legislative session
- KOTA's quarterly newsletter, *The Connection*
- Access to members-only content on the KOTA website
- MEMBERSHIP DOES NOT INCLUDE CEU MANAGEMENT SERVICES

### FIND KOTA ON SOCIAL MEDIA!

#### FACEBOOK:

Kansas Occupational Therapy Association

#### TWITTER:

@ksotassociation

#### INSTAGRAM:

@ksotassociation

Your membership is not deductible as a charitable contribution for federal income-tax purposes. However, payment of membership investments may be deductible as an ordinary and necessary business expense subject to restrictions.

Under the Omnibus Budget Reconciliation Act of 1993, 20% of your dues are used for lobbying and are not deductible as an ordinary and necessary business expense.

### MEMBER INFORMATION

Please type or print neatly. Fill in all areas.

Name \_\_\_\_\_ KSBHA license # \_\_\_\_\_

Home address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

#### JOIN OR RENEW AND GET A HALF-PRICE MEMBERSHIP FOR A FRIEND!

With any current or new member paying full price, get one **new** membership at half price.

- **Two current members are not eligible for this promotion.**
- Must submit both applications at once and must note the **new** member's name on both applications.

Name of **new** member: \_\_\_\_\_

### MEMBERSHIP CATEGORIES

**Occupational Therapist**.....\$70.00

“Welcome to Kansas OT” rate .....\$35.00  
 (Graduation date or first Kansas license less than 2 years ago)

School \_\_\_\_\_

Grad/1st KSBHA license date \_\_\_\_\_

**Occupational Therapy Assistant**.....\$60.00

“Welcome to Kansas OT” rate .....\$30.00  
 (Graduation date or first Kansas license less than 2 years ago)

School \_\_\_\_\_

Grad/1st KSBHA license date \_\_\_\_\_

**Associate**.....\$60.00

(Must prove full membership in another state OT association.)

**Student** .....\$20.00 School \_\_\_\_\_

**Retired** .....\$35.00 (OT) / \$30.00 (OTA)

*\*\* Offers of discounted memberships do **not** combine. \*\**

### Payment Information

Please make check payable to **KOTA** or join with a credit card at [kotaonline.org/Join-KOTA](http://kotaonline.org/Join-KOTA)

◇ Check                      Check # \_\_\_\_\_