



PO Box 4232 | Concord, NH 03302-4232 | Phone: 603.225.9290 | Email: office@nhota.org

New Hampshire Occupational Therapy Association Membership Application

NHOTA makes its membership available to organizations advertising educational seminars; your name will be included unless you contact the Executive Administrator at office@nhota.org or 603-225-9290.

1. Personal

Date of Application: _____ Renewal _____ New Member _____		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____		Email Address: _____

2. Work Information

Employer: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Work Phone: _____		Email Address: _____

3. Special Interest Sections

You are invited to join a special interest section. You will receive information on activities and educational events for your chosen area, free of charge. Please select:

Schools/Pediatrics Physical Disabilities Mental Health

4. Volunteer

NHOTA encourages its members to become actively involved in NHOTA activities and events. Volunteering can mean short-term projects or activities, or long-term elected or appointed positions. If you feel you can, please select from the following:

Executive Board Newsletter Legislative Annual Conference
Membership Public Relations Continuing Education

5. Dues

OT \$50	OTA \$40	Student \$15	Retired \$25
---------	----------	--------------	--------------

If you would be interested in sponsoring another OT/OTA in joining NHOTA, please designate an amount and a particular OT/OTA (unless you want these

donations to go into a general sponsorship fund)
OT/OTA Name: _____ Amount: _____

6. Scholarship Donations

NHOTA Continuing Education Grant	Amount:
----------------------------------	---------

7. Specialty Certifications or Degrees

Please List:

8. Educational Needs/Speaker Bureau:

One of NHOTA's primary reasons for existence is to provide educational opportunities to its members. Please take a few minutes to let us know what your continuing educational interests are. If you or someone you know is interesting in speaking or presenting, please indicate this as well, below.

Please list the two most important methods NHOTA could assist you as a practitioner:

1. _____

2. _____

Please return your check for the total amount of your membership dues, plus any scholarship donations and/or sponsorship donations to:

**NHOTA
Attention: Membership
P.O. Box 4232
Concord, NH 03302-4232**

One of the primary modes of communication from the association to its members is the NHOTA Listserve. The listserv provides our leadership the ability to inform members of upcoming events, necessary legislative alerts, special member benefits, as well as providing members the ability to share unique practice experiences. NHOTA subscribes each new member to our association listserv, unless you specifically request to be left out.

Membership applications will now be processed by Executive Administrator, and you will receive a letter of confirmation once your application has been processed. Please contact Executive Administrator at office@nhota.org or leave a message at 603-225-9290 if any questions or concerns.