



Function First

MINNESOTA OCCUPATIONAL THERAPY ASSOCIATION

New Member Application

• Complete this form only if you are NOT a current MOTA member. Current members receive a personalized computer form at time of dues renewal. • Print all information as you'd like it to appear in the MOTA Directory and online. • Please use one form per person • You may photocopy this form for additional new members • Online registration is available at our Web site, www.motafirst.org

Date of Application _____ Do you want your information in the searchable online members directory? Yes / No

Do you want your information in the public online directory? Yes / No Are you an AOTA member? Yes / No

Last Name _____ First Name _____

Workplace (please list only one) _____

Job Title _____ Professional Credential: (example: MOTR/L, COTA/L, OT/L) _____

Additional Credentials (example Ph.D., MA, MPH) _____

Preferred Address _____ Business Home

City _____ State _____ Zip _____ Fax (_____) _____

Work Phone (_____) _____ Home Phone (_____) _____

E-mail _____

Include this e-mail on the interactive MOTA listserv? (see back for more information) Yes / No

U.S. Congressional District _____ Minnesota Legislative District* _____

**You can find this information on your voter registration card or on the web at <http://maps.commissions.leg.state.mn.us/website/districts/>*

Work Area – Check all that apply

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Driving | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Animal Assist. Therapy | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Complementary Med. |
| <input type="checkbox"/> Develop. Disabilities | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Hand therapy | <input type="checkbox"/> Health Education | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Industrial Rehab. | <input type="checkbox"/> Home care | <input type="checkbox"/> Academia |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Neuro | <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Visual Dysfunction | <input type="checkbox"/> Consultation | |
| <input type="checkbox"/> Sensory Processing | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Case Management | |

Membership Levels

- OT \$70 OTA \$55 Student \$25 Associate \$75 (interested in OT but not eligible for other category) Retired \$35 (age 65+)
- Sustaining Contribution to support vital activities of MOTA \$ _____ Scholarship Contribution to support OT students \$ _____
- Total Enclosed = \$ _____

Dues, contributions and/or gifts may be tax deductible. Contact your professional tax advisor for more information.

Payment Information

- Check (made payable to MOTA) VISA MasterCard
- Credit Card Number _____ Expiration Date _____ 3-Digit Sec. Code _____
- Cardholder Name (print) _____ Cardholder Phone _____
- Signature _____

Return completed form and payment information to:
MOTA, 1000 Westgate Drive, Suite 252, St. Paul, MN 55114 or fax to 651-290-2266
Questions? Call the MOTA office at 651-290-7498

Dues payable to MOTA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues however is not deductible as an ordinary and necessary business expense to the extent that MOTA engages in lobbying. We suggest you consult you tax advisor concerning dues, contributions and/or gifts which may be tax deductible.

Important information about the MOTA listserv

The MOTA listserv is an electronic mail list for MOTA members. This mailing list is a member benefit that allows MOTA members to ask and answer OT-related questions and to communicate new information and research to other members. All subscribers must be current members of MOTA. You can subscribe by e-mailing memberservices@motafunctionfirst.org (subject: Subscribe — MOTA Listserv). You can send an e-mail to the entire MOTA membership by simply addressing your message to members@motafunctionfirst.org.

Even if you choose not to be on this interactive list, MOTA may occasionally send updates and urgent announcements to all members regarding training, legislative happenings or other timely items that cannot wait for the next newsletter.

The Minnesota Occupational Therapy Association Board adopted guidelines for the MOTA listserv on September 9, 2002. The following listserv guidelines are adapted from and consistent with the guidelines for AOTA list serves. They are intended to protect the good of all participants in the MOTA listserv.

The guidelines are as follows:

- The list may not be used for job advertising or for recruiting occupational therapy practitioners. The list may not be used for the sale of services or products. Subscribers should maintain professional standards in written e-mail messages, avoiding the use of insult, slander, profanity or obscenity. Subscribers should use care as well as common courtesy in written communication. E-mail offers a new communication form and hastily composed, unclear messages can easily be misinterpreted.
- Subscribers should keep e-mail discussions relevant to the Mission and public issues of concern to MOTA members. Discussion happens through the asking and answering of questions and the sharing of resources via e-mail.
- As a list subscriber, individuals receive copies of all e-mail sent to this list serve. When an e-mail message is sent to this listserv by a subscriber a copy is e-mailed to all subscribers. When replying to a listserv message the response goes to all subscribers. Care should be taken to use an individual e-mail when a private message is sent.
- List subscribers who disregard these guidelines will be warned privately by e-mail on the first incident and unsubscribed from the list on the second incident.

Please contact Laurie Krueger at lauriek@ewald.com with questions or concerns.