



Membership Application

Name:	Email Address:	Employer:
Address (inc City, State Zip):		Area of practice:
		Home Phone:
		Work Phone:
		Cell Phone:
1. Are you a current AOTA Member?	Yes No	Membership Number:
2. Would you like to receive news and Association updates via email?	Yes No	
3. Would you like to be placed on a directory in the members only part of the web site? (i.e., password protected)	Yes No	
4. Would you be willing to volunteer with WVOTA Committees? This usually involves very little time. i.e, making suggestions or just forwarding information to the chairman via email or snail-mail. If yes, which committee(s) would you be interested in assisting? Legislative Committee Membership Committee Sunset Review Committee Newsletter Committee (may assist with contributions or suggestions of content)	Yes No	
5. If available, would you be interested in online registration WVOTA or Conference?	Yes No	
6. What might assist with increasing attendance of WVOTA meetings? Other comments/suggestions?		Free/Small fee contact hours Preset tentative meeting schedule
Signature:		Date:

Please print this application and mail it to the address below.

Membership Fees:

OTR Member \$30.00	\$
COTA Member \$15.00	\$
OTS Member \$7.50	\$
TOTAL	\$

Please make checks payable to:

W.V.O.T.A.

And send to:

**Mary Hager
5310 Edgebrook Road
Cross Lanes, WV 25313**

NO REFUNDS