



# Occupational Therapy Association of Oregon Membership Application

Please select your membership category:  Therapist  Assistant  Associate  Student

## PROFILE INFORMATION - DISPLAYED TO MEMBERS

Title  Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree - Designation \_\_\_\_\_

Position Title \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_

University or School Attending (For Student Applicants) \_\_\_\_\_

Company \_\_\_\_\_

Profile Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## COMMUNICATION - OFFICE USE ONLY

Cellular Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Email \_\_\_\_\_

## MAILING INFORMATION

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

## HOME MAILING INFORMATION

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

## OTHER INFORMATION

License Number \_\_\_\_\_

Are you self employed?  Yes  No

Referred By: \_\_\_\_\_

Share With Us Your Education/Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

