

# LOTA...leading the way to excellence...join now for...

- Excellence in **ADVOCACY**: we're the only organization representing your interests for legislation & policymaking in LA
- Excellence in **PROMOTING** our practice to increase access and reimbursement of OT services
- Excellence in **ACCESS** to OT news, resources, and networking throughout the state
- Excellence in **OPPORTUNITIES** for growth in professional leadership, development, and recognition

## MEMBERSHIP APPLICATION

**CONTACT INFORMATION** (complete both sides and indicate preferred method of contact):

Name:

Address:

City:

State:

Zip:

Phone:

Cell #:

Email:

Residential

Professional

Facility name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

**AREA OF PRACTICE** indicate primary (1) and secondary (2)

Acute care

Pediatrics

Administration/Education

Hand Therapy

Mental Health

Physical Dysfunction

Long Term Care

Geriatrics

Home Health

other

**DISTRICT:** indicate your preference for attendance in LOTA events & meetings

**NW** (northwest)

Bossier City  
Ruston  
Shreveport

**C** (central)

Natchitoches  
Alexandria

**A** (acadiana)

Opelousas  
Lafayette  
New Iberia

**SC** (southcentral)

Hammond  
Baton Rouge  
Ponchatoula

**SE** (southeast)

Covington  
Mandeville  
Slidell  
Metairie  
Kenner  
New Orleans

**NE** (northeast)

Monroe

**SW** (southwest)

Lake Charles  
Sulphur

**B** (bayou)

Houma  
Thibodaux

**CLASSIFICATION:** indicate licensure status; membership is effective for 12 months from date of joining

OTR \$75

COTA \$50

STUDENT \$15

ASSOCIATE \$100

CORPORATE \$300

**PAYMENT:** dues may be paid for up to three years, excluding student membership

1 year, payment in full by check (payable to LOTA) mail to LOTA PO Box 14806 Baton Rouge LA 70898

1 year payment in full by credit card (Am Exp Visa MC Discover); amount \$ \_\_\_\_\_  
card #: \_\_\_\_\_ expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

Deduct the above credit card on a yearly basis for the following amount \$ \_\_\_\_\_ for the next \_\_\_\_\_ years when my membership expires: Signature: \_\_\_\_\_

Deduct my credit card \$8 per month (OTR)/\$5 per month (COTA) \* circle one: Am Exp Visa MC Discover  
card #: \_\_\_\_\_ expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

\* credit cards will be deducted monthly until LOTA is contacted to terminate membership

**DONATION:** please consider donating to one or more of the following LOTA sponsored causes. See LOTA.org for more details.

LOTA scholarship Fund

Amount: \$

Todd Poche Scholarship Fund

Amount: \$

Political/Legislative Fund

Amount: \$

other:

Amount: \$

Please write a separate check payable to LOTA or charge my credit card (Am Exp Visa MC Discover)

card #: \_\_\_\_\_ expiration: \_\_\_\_\_ Signature: \_\_\_\_\_

The following member encouraged me to join:

please contact me to discuss volunteering

Questions/Concerns contact 225.291.4014; Please mail completed application to LOTA PO Box 14806 Baton Rouge, LA 70898