ASIAN/ PACIFIC HERITAGE
OCCUPATIONAL THERAPY
ASSOCIATION

Annual Membership Application

A. Membership Status: **New** ☐ **Renewal** ☐ (membership #: _____)

B. Membership Type: ***Practitioner*** ☐ ***Student*** ☐ ***Associate Member (non-OT)*** ☐
Country of residence: USA ☐ Canada ☐ Other ☐ : _____

For renewals, please complete 1, 12 & 13, and only sections that have changed.
New Applicants- Please complete all sections.

1. Name: _____ Sex: M ☐ F ☐
2. Designation (e.g., PhD, OTR, OTA, etc.) _____
3. Employer: _____
4. Job Title: _____
5. If student, university attending_____

6. Contact Information:
   a. Address:
   _____
   City/ State/ Zip:
   _____
   b. Phone: Home/ Work/ Mobile: _____
   c. Fax: _____ d. E- Mail: _____

7. Country of origin/ Asian-Pacific heritage (optional) _____

8. Please list your area/s of expertise (*e.g. pediatric OT*):_____
   _____

9. Please check the ad-hoc committee/s you are willing to serve on:
   ☐ *membership* ☐ *research* ☐ *immigrations* ☐ *student services* ☐ *newsletter*

10. If selected, are you willing to be featured in APHOTA's publications (for example: website, newsletter, etc.)? ☐ Yes ☐ No

11. Do you give permission for your name and contact information to be included in APHOTA's directory? ☐ Yes ☐ No

Note: APHOTA may share membership directory with AOTA and other similar professional organizations requesting such information.

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12. a. Check number:_____
    b. Amount enclosed: Membership: $ N/A* Donation: $_____ **Total**: $_____

13. a. Signature: _____ b. Date:_____

Membership fee/year (in US Dollars):
***US & Canada*: Practitioner: $20.00 Student: $10.00 Associate member: $20.00**
***Other Countries*: Practitioner: $10.00 Student: $5.00 Associate member: $10.00**
Please make check payable to APHOTA and mail to:

Hiral Khatri, OTD. Membership Chair- APHOTA. 183 Peral Ave. Morgan Hill, CA 95037
HiralOT@gmail.com

*Note: Free Membership Till 12/31/2019