



# Pay your membership in 3 equal installments. OTAC E-Z PAY PLAN FORM

## PAYMENT SCHEDULE

Below is the OTAC E-Z Pay Plan installment schedules based on membership category.

By agreeing to the OTAC E-Z Pay Plan, you authorize the Occupational Therapy Association of California to charge your account in three equal installments including a small convenience processing fee for each installment (processing fee is included in the amounts below).

Check the appropriate box that matches your membership category.

- OT/L, OTR/L, OT**  
1st installment: \$73  
2nd installment: \$73  
3rd installment: \$73
- OTA, OTA/L, COTA, COTA/L**  
1st installment: \$57  
2nd installment: \$57  
3rd installment: \$57
- OT/OTA Student (full-time/part-time)**  
1st installment: \$23  
2nd installment: \$23  
3rd installment: \$23
- OTR/L or COTA/L (in full-time graduate school)**  
1st installment: \$39  
2nd installment: \$39  
3rd installment: \$39
- Retired**  
1st installment: \$22  
2nd installment: \$22  
3rd installment: \$22
- Associate**  
1st installment: \$54  
2nd installment: \$54  
3rd installment: \$54
- New Grad/First Year OTR/L**  
1st installment: \$34  
2nd installment: \$34  
3rd installment: \$34
- New Grad/First Year OTA/L**  
1st installment: \$29  
2nd installment: \$29  
3rd installment: \$29

### STEP 1—Authorize your payments.

I, \_\_\_\_\_, authorize the Occupational Therapy Association of California to charge my  AMEX  MasterCard  Visa in 3 equal installments based on the Payment Schedule.

This payment authorization is valid and to remain in effect unless I notify the Occupational Therapy Association of California of its cancellation by sending a 30-day written notice. All membership dues installments are nonrefundable.

*If you received a member discount on an event, product or service, and you cancel your membership before it is paid in full, you will be invoiced for the difference between the member rate and the nonmember rate.*

### STEP 2—Complete your credit card information.

Card Number \_\_\_\_\_ Security Code\* \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

\*Security Code is a 3 or 4 digit number on the back of your card following your card number (front of AMEX card).

### STEP 3—Complete your contact information (you must complete all information below).

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### STEP 4—Complete your authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### STEP 5—Submit payment

Mail or fax this form to:  
OTAC, 3620 American River Drive, Suite 230 Sacramento, CA 95864 • (916) 294-0415 Fax

**Questions?** For more information contact OTAC Staff at (916) 567-7000 or [staff@otaconline.org](mailto:staff@otaconline.org).