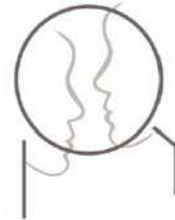


Membership Form 2007-2008

Specialist Section Mental Health



Name

Title: (Dr, Ms, Mr. etc) _____
 Firstname: _____
 Lastname: _____

COTSS-MH Membership
 No

MH

Contact Details - Please only provide those details that are relevant to your postal address

Job Title _____
 Company _____
 Postal address _____

 Postcode _____
 Country - if not UK _____
 Tel: _____
 Fax: _____
 Email: _____

Data Protection Statement:

By providing any of the contact details above you are authorising the COT-SS-Mental Health national, regional, local and special interest group committee members and their authorised agents to contact you with details relevant to your COT-SS-Mental Health membership and for those details to be shared with other COT-SS-Mental Health members.
 COT-SS-Mental Health will not disclose your personal details to any outside person or body.
 If you do NOT wish to be contacted by COT-SS-Mental Health by post, e-mail or otherwise with items that are not directly COT-SS-Mental Health related, eg. student research questionnaires, please tick this box:

Grade/Job Title: _____

BAOT Membership:

BAOT Member (y/n): _____
 BAOT Number: _____

Primary Speciality Area(s):

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| Inpatient Mental Health | <input type="checkbox"/> | Child and Adolescent Mental Health | <input type="checkbox"/> |
| Community Mental Health | <input type="checkbox"/> | Community Mental Team | <input type="checkbox"/> |
| Forensic | <input type="checkbox"/> | Rehabilitation | <input type="checkbox"/> |
| Homelessness | <input type="checkbox"/> | Eating Disorders SIG | <input type="checkbox"/> |
| Substance Misuse | <input type="checkbox"/> | PICU SIG | <input type="checkbox"/> |
| Psychological Aspects of Physical Illness | <input type="checkbox"/> | Forensic Managers SIG | <input type="checkbox"/> |
| Older Person Mental Health | <input type="checkbox"/> | All Mental Health | <input type="checkbox"/> |

Other areas of interest: _____

Please tick this box if you wish to be notified of activities of the Scottish committee



Membership Options

The COT-SS-Mental Health membership year is 1st October to 30th September
Fees include 'Mental Health Occupational Therapy' magazine subscription. Your
BAOT number must be given to obtain reduced rate

Individual Membership

BAOT Member occupational therapist:	£32.00	<input type="checkbox"/>
Non BAOT Member - occupational therapists and other disciplines:	£40.00	<input type="checkbox"/>
OT and OT related (health and social care services with a link to OT, eg. STR workers):	£16.00	<input type="checkbox"/>
Undergraduate occupational therapist students:	£16.00	<input type="checkbox"/>
International (Europe):	£42.00	<input type="checkbox"/>
International (rest of world):	£52.00	<input type="checkbox"/>

Libraries

Library subscription to 'Mental Health Occupational Therapy' Magazine: £77.00

Free

Committee

Payment

I enclose a cheque (made payable to COTSS-Mental Health) for £ _____

Signed: _____

Date: _____

Please return this form to:

College of Occupational Therapists - Specialist Section - Mental Health
106-114 Borough High Street
Southwark, London
SE1 1LB

Telephone: 020 7357 6480
Fax: 020 7450 2331
Email: ssmembership.administration@cot.co.uk
Website: www.cot.org.uk

For office use only:	2008 New Member <input type="checkbox"/>	2008 Renewal <input type="checkbox"/>	Cancel: <input type="checkbox"/>	2007 Not Renew <input type="checkbox"/>
				Latest Update: <input type="text"/>
Cheque value	Cheque Number		Date processed	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Memo:	<input type="text"/>			



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Registered Office:
106-114 Borough High Street,
Southwark, London SE1 1LB
Tel: 020 7357 6480
Fax: 020 7450 2299
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