

**NATIONAL REHABILITATION ASSOCIATION**

**Membership Application**

Promoting Ethical and State of the Art Practice in Rehabilitation

Join Today! Get Connected! Get Involved!

**Note: The best way to join or renew membership in the National Rehabilitation Association is online. Please visit** [**www.nationalrehab.org**](http://www.nationalrehab.org)**.**

☐ NEW MEMBER ☐ RENEWING MEMBER

**SECTION 1: MEMBER CONTACT INFORMATION**

**Individual Member**

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organizational Members**

Agency or Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#1 Primary Contact Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#2 Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#3 Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#4 Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#5 Member**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: MEMBERSHIP TYPE AND ANNUAL DUES**

**Please Check One:**

☐ **PROFESSIONAL MEMBER**

Professional Memberships are available to rehabilitation professionals currently working in the field.

$150.

☐ **NEW-PROFESSIONAL MEMBER**

New-Professional memberships are available to Individuals who recently completed an accredited college or university program. New-Professional memberships are only available for the first year following graduation.

$108

☐ **ORGANIZATIONAL MEMBER**

Organizational Membership allows an agency or organization to enroll up to five of its employees as Professional members. Membership belongs to the agency or organization. The agency or organization may change its designated Professional members at any time.

$700

☐ **AFFILIATE MEMBER**

Affiliate memberships are available to individuals who do not wish to become professional members but who support the Rehabilitation profession. Affiliate Members do NOT receive the Journal of Rehabilitation.

$108

☐ **STUDENT MEMBER**

Student Memberships are available to Full-Time undergraduate students (minimum of eight (8) semester hours or equivalent) and Full-Time graduate students (minimum of six (6) semester hours or equivalent).

$25

☐ **RETIREE MEMBER**

Retiree Memberships are available to retired individuals. Retiree Members have voting privileges, receive the electronic edition of Contemporary Rehab (bimonthly newsletter), are eligible to add Division Memberships, and are eligible to hold office at the local, state or regional levels.

$75

**Payment Method**

☐ Check ☐ Credit Card ☐ ACH Monthly Bank Withdrawal

**SECTION 3: DIVISION MEMBERSHIPS**

**Note: National membership is required for all Division Memberships.**

**Association of Rehabilitation Technicians and Specialists (ARTS):**

Membership includes rehabilitation technicians and specialists and others who work to support the provision of high-quality vocational rehabilitation services.

☐ Professional $20

**National Association for Independent Living (NAIL):**

Membership includes professionals working together with consumers to empower people with disabilities, to enhance their quality of life and to promote the human and civil rights of people with disabilities.

☐ Professional $25 ☐ Student $10

**National Association of Disability Benefits Specialists (NADBS):**

Membership includes benefits specialists and others who are committed to advancing the personal and economic independence of people with disabilities.

☐ Professional $20 ☐ Student $15

**National Association of Multicultural Rehabilitation Concerns (NAMRC):**

Membership includes individuals who support and actively champion rehabilitation services for multicultural persons with disabilities.

☐ Professional $30 ☐ Student $15

**National Association of Rehabilitation Leadership (NARL):**

Membership includes Rehabilitation leaders and administrators and others interested in developing leadership skills for administration, supervision or education in the Rehabilitation profession.

☐ Professional $30 ☐ Student $15

**National Association of Service Providers in Private Rehabilitation (NASPPR):**

Membership includes individuals working in the for profit or nonprofit rehabilitation field.

☐ Professional $30 ☐ Student $5

**National Rehabilitation Association of Job Placement and Development (NRAJPD):**

Membership includes individuals who provide career development and placement services and others who support the employment of persons with disabilities.

☐ Professional $30 ☐ Student $10

**Rehabilitation Counselors and Educators Association (RCEA):**

Membership includes Rehabilitation Counselors, Rehabilitation Educators, Counselor Supervisors, Researchers in Rehabilitation Counseling, and Students enrolled in Rehabilitation Programs.

☐ Professional $45 ☐ Student $25

**Rehabilitation Program Evaluation Network (RPEN):**

Membership includes professionals, educators, students and all other interested persons who are committed to the advancement and improvement of program evaluation, quality assurance and program performance in the vocational rehabilitation field.

☐ Professional $30 ☐ Student $15

**Transition Specialties Division (TSD):**

Membership includes individuals who hold a membership in NRA and who have concerns related to the transition of young adults with disabilities into careers. The division works to join the efforts of interested parties – rehabilitation professionals, special education teachers, paraprofessionals, itinerant special education resource teachers, job placement staff, transition coordinators, regular classroom teachers, and students with disabilities and their parents.

☐ Professional $40 ☐ Student $15

**Vocational Evaluation and Work Adjustment Association (VEWAA):**

Membership includes professionals, educators and students in the field of Vocational Evaluation and Work Adjustment. Members assess the vocational aptitude and skills of individuals with disabilities and provide work adjustment training and assistive technology to assist them to attain their career goals.

☐ Professional $35 ☐ Student $5

**SECTION 4: NATIONAL REHABILITATION FEE SUMMARY/JOR SUBSCRIPTION**

The Journal of Rehabilitation is available in printed hard copy and electronically. Please indicate below the format in which you would like to receive the Journal.

**Journal of Rehabilitation**

☐ PDF

☐ Accessible MS Word document

☐ Printed Hard Copy

**Fee Summary**

National Membership Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division(s) Fee Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Membership Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: PAYMENT INFORMATION**

**Card Type**

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Card Number: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (if different than address provided above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Check** - (Payable in U.S. funds to National Rehabilitation Association)

(Please allow 2-3 weeks for processing)

Enclose payment information with your application and mail to the National Rehabilitation Association.

□ **ACH Bank Draft**- Complete the membership application and sign below to authorize NRA to debit your bank or checking account. Please remember to submit a copy of a voided check with your application. Please note that the ACH Payment carries a processing fee of $1 per month.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature** **Date**

**Membership Policies**

* Membership is valid for 12 months from the date your payment is processed.
* Membership dues are non-refundable and membership is non-transferable.
* Membership is portable should you change your employer (excluding organizational memberships)
* Members are assigned to the region and state chapter corresponding to their mailing address unless indicated otherwise.
* A $15 charge will be assessed for returned checks.

**Mailing Information:**

National Rehabilitation Association

PO Box 150235

Alexandria, VA 22315