



2010 MEMBERSHIP APPLICATION FORM

Membership Period: January 1 to December 31, 2010

Name _____
First Middle Last

Job Title: _____

Business Name: _____

Primary Contact: Residence Business *PLEASE PRINT and complete all areas.*

Residence Address

Address: _____

Apt./Suite: _____

City: _____

Province, Postal Code: _____

Telephone: _____

Fax: _____

Business Address

Address: _____

Apt./Suite: _____

City: _____

Province, Postal Code: _____

Telephone: _____

Fax: _____

Primary E-mail: _____

Secondary E-mail: _____

Academic Achievements: Indicate the two highest degrees that you have obtained in your academic history:

Certificate Diploma Doctorate **Discipline:** _____
 Bachelor Master's

Areas of Specialization: Please only select two (2)

- Case Manager/Rehabilitation Service Coordinator
- Community Support Specialist
- Disability Manager/Consultant
- Educator/Instructor
- Employment Specialist
- Forensic Assessor (Life Care Planner, Cost of Care Consultants, Future Cost Specialist)
- Psychosocial Rehabilitation Specialty
- Vocational Counsellor /Consultant
- Rehabilitation Counsellor
- Other – Please specify: _____

Membership Category

Associate Member \$275.00

Professional Member \$325.00 Please indicate your designation and certificate number CCRC CRC CVE

Certificate No. _____

Student Member \$137.50 Full time Student, Official Timetable required

Fees appearing on this form are valid from January 1 - December 31, 2010. Membership must be renewed annually. Memberships are non-transferable and non-refundable

Vocational Rehabilitation Association of Canada

T. 613-507-5530 or 1-888-876-9992 | F. 613-531-0626 | info@vraCanada.com | www.vraCanada.com
4 Catarqui Street, Suite 310, Kingston, ON K7K 1Z7



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Options

- “Members Only” Website Directory** **No Charge**
I consent to having my name and mailing address listed in the “members only” section of the VRA Canada website.
- External Database** **No Charge**
I consent to having my business information listed on VRA Canada’s website for non members seeking the services of a rehabilitation specialist. Please submit your business contact information and a 50–75 word summary of the services you provide to: info@vraCanada.com
- Canadian Assessment Vocational Evaluation and Work Adjustment Society (CAVEWAS)** **\$50.00**
CAVEWAS is a national society of VRA Canada, dedicated to identifying and promoting issues relevant to vocational evaluation and career preparation/placement services.

Payment

- Payment by cheque or money order (made payable to VRA Canada) *NOTE: A fee of \$25.00 will be charged on all NSF items.*
- Payment by credit card: Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____

I declare that I am not the subject of disciplinary proceedings in any jurisdiction and agree to abide by the VRA Canada Code of Ethics.

Signature: _____ Date: _____

Return this form with your payment

Mail with cheque to: 4 Cataraqui Street, Suite 310, Kingston, ON K7K 1Z7	Fax with credit card information to: 613-531-0626
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