# ASSOCIATE MEMBERSHIP
# 2010 RENEWAL 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: _____

E-mail: _____

**Business Address**

Address: _____

Apt./Suite: _____

City: _____

Province, Postal Code: _____

Telephone: _____

Fax: _____

E-mail: _____

## Associate Membership Fees

☐ Early Bird Membership – Before December 31, 2009 $275.00

☐ Membership – After December 31, 2009 $325.00

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

## 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: _____

**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