FELLOW 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: _____

Fellow Membership Fees

In recognition of the distinctive and exceptional achievements of those members who have obtained the status of Fellow with the Vocational Rehabilitation Association of Canada, the payment of membership dues on an annual basis is no longer required as granted by motion of the National Board of Directors.

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

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 Cataraqui Street, Suite 310, Kingston, ON K7K 1Z7