



**PROFESSIONAL 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: _____

Professional Membership Fees

- Early Bird Membership – Before December 31, 2009 \$325.00 Membership – After December 31, 2009 \$375.00
*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 Cataragui Street, Suite 310, Kingston, ON K7K 1Z7	Fax with credit card information to: 613-531-0626
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