RETIRED 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: _____

Retired Membership Fees

☐ Early Bird Membership – Before December 31, 2009 $137.50

☐ Membership – After December 31, 2009 $187.50

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.

☐ **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