FELLOW MEMBERSHIP
2011 RENEWAL FORM

Membership Period: January 1 to December 31, 2011

Name _____
First Middle Last

Job Title: _____

Business Name: _____

E-mail: _____

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

Residence Address

Address: _____

_____

City Province Postal Code: _____

Phone: _____ Fax: _____

Business Address

Address: _____

_____

City Province Postal Code: _____

Phone: _____ Fax: _____

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

☐ Certificate ☐ Diploma ☐ Bachelor ☐ Master ☐ Doctorate **Discipline:** _____

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: _____

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: 888-441-8002