



# STUDENT 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.*

<b>Residence Address</b>	<b>Business Address</b>
Address: _____	Address: _____
City Province Postal Code: _____	City Province Postal Code: _____
Phone: _____ Fax: _____	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)

<input type="checkbox"/> Case Manager/Rehabilitation Service Coordinator	<input type="checkbox"/> Educator/Instructor	<input type="checkbox"/> Psychosocial Rehabilitation Specialty
<input type="checkbox"/> Community Support Specialist	<input type="checkbox"/> Employment Specialist	<input type="checkbox"/> Vocational Counsellor /Consultant
<input type="checkbox"/> Disability Manager/Consultant	<input type="checkbox"/> Forensic Assessor (Life Care Planner, Cost of Care Consultants, Future Cost Specialist)	<input type="checkbox"/> Rehabilitation Counsellor
<input type="checkbox"/> Other – Please specify: _____		

**Student Membership Fees – Pay by December 31 and save \$50!**  
 Early Bird Membership – Before December 31, 2010 \$137.50  Membership – After December 31, 2010 \$187.50  
*Fees appearing on this form are valid from January 1-December 31, 2011. Membership must be renewed annually. Memberships are non-transferable and non-refundable. Student membership applications must be accompanied by proof of full-time student status.*

**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](mailto: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: \_\_\_\_\_

<b>Return this form with your payment</b>	Mail with cheque to: 4 Catarqui Street, Suite 310, Kingston, ON K7K 1Z7	Fax with credit card information to: 888-441-8002
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