ATRA Membership Application Form

Complete the entire application form, including the reverse if applying for Professional Membership. Attach all required documentation and your fee. Sign the application and return it to ATRA, 8038 Fairmount Drive SE, Calgary, AB T2H 0Y1.

Personal Information:

_____ F / M (gender - please circle)
Name

_____
Street Address, City, Province, Postal Code

_____
Home Phone *Work Phone* *Fax Number*

_____ NCTRC Certification # (if applicable) _____
email address

Region/Chapter for Affiliation:
☐ Lethbridge ☐ Palliser/Medicine Hat ☐ Calgary ☐ Edmonton

Membership Services:
Would you like to have your contact information included in the ATRA membership directory? (*directory is in the members' only section of the website. For Registered Professionals, name & city is included in the online registration list)* ☐ Yes ☐ No
Would you like to receive regular email updates of ATRA/TR related information *(ie: upcoming workshops, website changes, meeting notices, etc. Email will be sent to the email address listed above.)* ☐ Yes ☐ No

Membership Category:

☐ **Registered Professional - Fee: 300.00**
Applicants for professional membership must complete the page two of this form and attach an official, original copy of university or college transcripts. Applications received without documentation will not be processed. Also, please complete:

_____
Current Employer/Facility *Job Title*

☐ **Student Member - Fee: 50.00**
Applicants for student membership must be a full time (3 or more courses) student who is enrolled in a degree or diploma program in Therapeutic Recreation or Recreation & Leisure Studies. Applicants must provide a copy of their university or college identification card. Please note that student membership does not automatically guarantee professional membership upon graduation. Student members will be required to meet all professional membership criteria in effect at the time of application for professional membership.

_____
Name of Schook, Faculty and Program *Anticipated Graduation Date*

☐ **Affiliate Member - Fee: 50.00**
Applicants for Affiliate Membership must be either a retired professional member or live outside of the province of Alberta.

☐ **CTRA Membership - Additional Fee: 75.00 for Professionals / 25.00 for Students**
If you wish to also become a member in the Canadian Therapeutic Recreation Association, the additional fee can be added to your ATRA membership fee. We will remit the fees on your behalf and you will receive a separate membership package from CTRA. Please note, you must be an ATRA member in order to have membership in the national association.

Payment:
Payment may be made by cheque or credit card. Please make cheques payable to ATRA. To charge your fees, please complete:

☐ Visa ☐ Master Card Card Number_____ Expiry Date (mm/yy) _____

All Applicants:
My signature verifies that all information provided on both sides of this form is accurate.

_____
Signature *Date*

Partial Year Membership: The ATRA Membership year is April 1 - March 31. New members who join after September 30 of the membership year will be charged one-half of the annual membership fee. This option is not available to renewing members.

Registered Professional Membership

(Original transcripts must be submitted with the application)

Education: ☐ Degree ☐ Diploma (at least two years)
☐ Therapeutic Recreation ☐ Recreation/Leisure Studies
Please note: The degree or diploma must be from a nationally or internationally accredited post-secondary institution.

Degree-Transfer Affiliation Agreement: For individuals who graduate with a diploma after 2007, the diploma program must have at least one degree-transfer affiliation agreement in place with an accredited degree-granting institution.

_____

Name of post-secondary institution where degree-transfer affiliation is in place *Name of Program*

Internship/Practicum:
Applicants who have graduated after May 1, 2011 are required to demonstrate completion of a minimum of 320 hours of internship placement/practicum. A minimum of 250 hours of this placement must have a clinical component and be completed under the supervision of a recreation therapist who is registered with their provincial association. Please include the signed document "Practicum/Internship Hours Reporting Form" with your application form if you graduated after May 1, 2011. This document is available for download from the ATRA website.

Course Content Required:
ATRA Professional Membership criteria states that the applicant must have completed the following coursework: 3 Therapeutic Recreation Courses, 3 General Recreation Courses and 6 Supporting Courses from at least three of the clinically related areas. This section must be completed completely. If course titles do not match criteria listed, please attach course descriptions or course outlines for further evaluation by the ATRA Membership Review Committee.

Three Therapeutic Recreation Courses - these course titles must contain the words "Therapeutic Recreation" or "Recreation Therapy" or Recreation and/or Leisure for Special Populations. Please list three courses (course number and name) from your transcript which meet this requirement. Professional Practicum courses cannot be used to fulfill these course requirements.

1. _____ 2. _____

3. _____

Three General Recreation Courses - these course titles must contain one of the following words: recreation, leisure, play, or leadership. Please list three courses (course number and name) from your transcript which you feel best meet this requirement.

1. _____ 2. _____

3. _____

Six Supporting Courses - these must be from at least three clinically related areas. Please list six courses (course number, name and area) from your transcript which meet this requirement. Areas accepted are:
1. Psychology *(General, Abnormal, Educational, Counselling)*; 2. Sociology *(Group Dynamics, Leadership, Volunteerism);*
3. Education *(Special, Physical, Early Childhood)*; 4. Therapies *(Music, Art, Dance, Drama)*; 5. Health *(Health Promotion, Wellness, Health Trends, Community Health, Rehabilitation)*; 6. Aging *(Gerontology, Aging, Aging Disorders)*; 7. Medical *(Anatomy, Biology, Physiology, Medical Terminology, Pharmacology)*; 8. Research *(Statistics, Evaluation, Research Methods)*

1. _____ 2. _____

3. _____ 4, _____

5. _____ 6. _____

Attach all required documentation and return form with fees to: ATRA, 8038 Fairmount Drive SE, Calgary, Alberta T2H 0Y1

Keep a copy of this application for your files. Please allow 4-6 weeks for membership processing.