Alberta Therapeutic Recreation Association

www.alberta-tr.org

MEMBERSHIP APPLICATION FORM

1. Print the application form
2. Complete the sections for personal information, chapter affiliation, membership services and category.
3. Attach all required documentation, and your fee, sign the application and send it to: ATRA, 7140 C Fairmount Drive SE, Calgary, AB T2H 0X4

PERSONAL INFORMATION:

Name: _____ Email: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____ Fax: _____

REGION/CHAPTER FOR AFFILIATION: *A portion of membership fees are given to the requested chapter for membership services.*

SOUTHERN REGION: ____ Lethbridge ____ Palliser / Medicine Hat **CENTRAL REGION:** ____ Calgary **NORTHERN REGION:** ____ Edmonton

MEMBERSHIP SERVICES:

Do you wish to be included in the ATRA Membership Directory? *(please indicate any information you DO NOT wish to be included.)* ____ Yes ____ No

Do you wish to be contacted regarding our Mentor Program? ____ Yes ____ No

Would you like to receive regular email updates of ATRA/TR related information *(ie. upcoming workshops, job postings, etc.)* ____ Yes ____ No

PARTIAL YEAR MEMBERSHIP:

The ATRA membership year is May 1–April 30. New members who join after October 31 will be charged ½ of the annual membership fee. This option is not available to renewing members.

VOLUNTEER OPPORTUNITIES AVAILABLE WITHIN ATRA:

____ Board of Directors ____ ATRAbute Newsletter ____ Awards Committee

____ Symposium Committee ____ Professional Standards ____ Professional Development/Education

MEMBERSHIP CATEGORY: *Please check category applying for. For more info regarding membership criteria, go to www.alberta-tr.org*

✹ **REGISTERED PROFESSIONAL** **Fee: $150.00**

Applicants for professional membership MUST provide a copy of their university or college transcript indicating the following: courses completed, degree obtained, faculty, date of graduation. In addition, please complete the following:

_____ _____

Most Recent Employer Years Employed:

_____ ____ Full-time ____ Part-time ____ Casual ____ Relief

Job Title

✹ **PARA-PROFESSIONAL** **Fee: $75.00**

Please complete the following:

_____ _____

Most Recent Employer Years Employed:

_____ ____ Full-time ____ Part-time ____ Casual ____ Relief

Job Title

✹ **STUDENT** **Fee: $50.00**

Applicants for student membership MUST provide a copy of their university or college identification card. In addition, please complete the following:

_____ _____

School and Faculty/Department Anticipated Date of Graduation

✹ **SUPPORTING** **Fee: $50.00**

No documentation is required. However, if you qualify in another category, you must apply in that category.

ALL APPLICANTS:

My signature verifies that all information provided is accurate.

_____ _____

Signature Date