

ATRA Membership Application Form

Complete the entire application form, including page two if applying for Professional Membership. Attach all required documentation and your fee. Sign the application and return it to ATRA, PO Box 19531 Cranston PO, Calgary, AB T3M 0V4.

Name F / M (gender - please circle)

Street Address, City, Province, Postal Code - please complete in full including postal code

Home Phone Work Phone Fax Number

email address NCTRC Certification # (if applicable) _____

Region/Chapter for Affiliation:

- Lethbridge Palliser/Medicine Hat Calgary Edmonton

Communities of Practice - please check off the Communities of Practice that you would like to be involved with, if any.

- Geriatrics Dementia Rehabilitation Mental Health & Addictions Youth & Adolescents

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 + GST

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 + GST

Applicants for student membership must be taking one or more courses towards the completion of a diploma, degree or advanced studies majoring 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 School, Faculty and Program

Anticipated Graduation Date

Affiliate Member - Fee: 50.00 + GST

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

