



IARP

IARP Membership Application

JOIN ONLINE AT WWW.REHABPRO.ORG OR SEND COMPLETED APPLICATIONS TO:

IARP • 1926 Waukegan Road, Suite One • Glenview, IL 60025
Phone: 847-657-6964 • Fax: 847-657-6963 • www.rehabpro.org

New Membership Membership Renewal

Referred by: _____

CONTACT / MAILING INFORMATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Degree or Credentials _____

Job Title _____

Organization _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Web Site _____

PREFERRED MAILING ADDRESS

Home Business

MAJOR METROPOLITAN AREA SERVED, 3 CITIES ONLY (OPTIONAL)

CHOOSE A MEMBERSHIP CATEGORY

- Individual Professional Membership \$167/yr.
- Associate Membership \$125/yr.
- Student Membership \$40/yr.

Membership Dues \$ _____

SECTIONS

(One Section membership is free with Professional and Student membership. Additional Sections are \$40/Section. Associate Members may join Sections for \$40/Section.)

- Case Management - RehabPro
- Disability Management - RehabPro
- Forensic - RehabPro
- International Academy of Life Care Planners - Journal of Life Care Planning

One FREE Section plus ___ Sections @\$40 = \$ _____

SUBSCRIPTIONS ONLY

(Does not include membership)

- RehabPro journal \$75/yr.
- Journal of Life Care Planning \$85/yr.

(Subscriptions are included with Professional, Student & Assoc. Memberships.)

CHAPTER DUES

(Professional & Associate Members in IARP must add State/Region Chapter Dues if you live in a state/region with a Chapter. Associate Members and Student Members are encouraged to join their local Chapter.)

- | | |
|--|---|
| <input type="checkbox"/> Alabama: \$10 | <input type="checkbox"/> Nebraska: \$58 |
| <input type="checkbox"/> Arizona: \$58 | <input type="checkbox"/> Nevada: \$58 |
| <input type="checkbox"/> California: \$25 | <input type="checkbox"/> New England (ME, NH, MA, RI, CT, VT): \$58 |
| <input type="checkbox"/> Carolinas (NC, SC): \$48 | <input type="checkbox"/> New Jersey: \$58 |
| <input type="checkbox"/> Chesapeake (DE, MD, DC): \$58 | <input type="checkbox"/> New York: \$33 |
| <input type="checkbox"/> Florida: \$58 | <input type="checkbox"/> Ohio: \$58 |
| <input type="checkbox"/> Georgia: \$60 | <input type="checkbox"/> Oregon: \$58 |
| <input type="checkbox"/> Hawaii: \$58 | <input type="checkbox"/> Pennsylvania: \$58 |
| <input type="checkbox"/> Illinois: \$58 | <input type="checkbox"/> South Dakota: \$58 |
| <input type="checkbox"/> Ireland: \$58 | <input type="checkbox"/> Tennessee: \$58 |
| <input type="checkbox"/> Kansas: \$58 | <input type="checkbox"/> Texas: \$58 |
| <input type="checkbox"/> Kentucky: \$45 | <input type="checkbox"/> Virginia: \$58 |
| <input type="checkbox"/> Louisiana: \$58 | <input type="checkbox"/> Washington: \$58 |
| <input type="checkbox"/> Michigan: \$58 | <input type="checkbox"/> West Virginia: \$33 |
| <input type="checkbox"/> Mississippi: \$58 | |

For an up to date chapter list with current chapter dues, please log on to www.rehabpro.org

Required Chapter Dues: \$ _____

You are welcome to join additional chapters
Optional Chapter Dues: \$ _____

IARP Membership Application (continued)

CONTRIBUTION TO LEGISLATIVE FUND

Your \$10+ contribution will make a significant impact! Contributions to the legislative fund are not tax deductible.

Total Contribution: \$ _____

DETERMINE FEES

| | |
|---------------------------------------|----|
| Membership Dues (from side 1) | \$ |
| Additional Section Dues (from side 1) | \$ |
| Subscription Only (from side 1) | \$ |
| Required Chaper Dues (from side 1) | \$ |
| Optional Chaper Dues (from side 1) | \$ |
| Contribution to Legislative Fund | \$ |
| Total | \$ |

PAYMENT METHOD

- Check (payable to IARP)
 Visa MasterCard American Express

Card#

Exp. Date

Signature

No part of IARP dues is deductible as a charitable expense. According to provisions of the Omnibus Budget Reconciliation Act of 1993, 100% of IARP member dues for the 2007 calendar may be deductible as a business expense. Donations to the Legislative Fund are not deductible.

By signing this application, I verify that the information provided is accurate, and I meet the requirements of the membership type I have chosen, and I pledge to abide by the professional Standards & Ethics of IARP (found at www.rehabpro.org).

Signature/Title

Date

