



Join Online at: www.RehabPro.org/membership

Renew Online at: www.RehabPro.org/store (My Transactions, Pay Open Orders)

Referred by: \_\_\_\_\_

Personal Contact Information

Name \_\_\_\_\_

Title/Certifications/Licenses \_\_\_\_\_

Street Address \_\_\_\_\_

City State ZIP/Postal Code

Phone Fax

E-mail Address \_\_\_\_\_

Professional Contact Information

Company/Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City State ZIP/Postal Code

Phone Fax

E-mail Address \_\_\_\_\_

Preferred E-mail Address: [ ] Personal [ ] Professional
Preferred Postal Mail Address: [ ] Personal [ ] Professional

[ ] Do not share my e-mail address(es) with industry/practice-related third-party requestors.

Membership Category

[ ] Individual Professional \$177/yr.
[ ] Associate \$135/yr.

Membership qualifications are outlined at www.RehabPro.org/membership. Graduate students, please use the Student Membership application found at www.rehabpro.org/membership/categories/student

Membership Dues \$ \_\_\_\_\_

03/2012

Section Membership

Professional members may select one complimentary section. Additional section memberships may be purchased at \$40 each. Associate Members may join sections at \$40 each.

- [ ] Case Management
[ ] Disability Management
[ ] Forensic Rehabilitation
[ ] Life Care Planners
[ ] Social Security Vocational Experts (BPA Contract : \_\_\_\_\_)

If you are joining the SS-VE Section, you must have a current BPA with SSA.

Additional Section Dues \$ \_\_\_\_\_

Chapter Membership

Professional and Associate Members must add State/Region Chapter Dues if a chapter is incorporated in your state/region. Additional chapter memberships may be purchased according to the below fee schedule. Student Members are encouraged to join their local Chapter.

- [ ] Alabama: \$10 [ ] Arizona: \$58
[ ] California: \$40 [ ] Canada: \$58 USD
[ ] Carolinas (NC, SC): \$48
[ ] Chesapeake (DE, MD, DC): \$58
[ ] Florida: \$58 [ ] Georgia: \$30
[ ] Hawaii: \$58 [ ] Illinois: \$58
[ ] Ireland: \$58 USD [ ] Kansas: \$58
[ ] Louisiana: \$58 [ ] Michigan: \$58
[ ] Mississippi: \$58 [ ] Montana: \$60
[ ] Nebraska: \$58 [ ] Nevada: \$58
[ ] New England (ME, VT, NH, MA, CT, RI): \$58
[ ] New Jersey: \$58 [ ] New York: \$33
[ ] Ohio: \$58 [ ] Oregon: \$58
[ ] Pennsylvania: \$58 [ ] Tennessee: \$58
[ ] Texas: \$58 [ ] Virginia: \$58
[ ] Washington: \$58 [ ] West Virginia \$33
[ ] Wisconsin: \$25

Required Chapter Dues \$ \_\_\_\_\_

Additional Chapter Dues \$ \_\_\_\_\_

Membership Promotion Code \_\_\_\_\_

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## Membership Application Worksheet

|   |           |            |
|---|-----------|------------|
| Membership Dues                               | \$        |            |
| Required Chapter Dues                         | \$        |            |
| Additional Section Dues (if applicable)       | \$        |            |
| Additional Chapter Dues (if applicable)       | \$        |            |
| Gale Gibson Memorial Educational Scholarship* | \$        |            |
| SS-VE Government Affairs Fund Contribution**  | \$        |            |
| IARP Legislative Fund Contribution***         | \$        |            |
| <b>Total****</b>                              | <b>\$</b> | <b>USD</b> |

\* The Gale Gibson Memorial Educational Scholarship is comprised on non-tax-deductible contributions that support educational scholarships for rehabilitation professionals.

\*\*The Social Security Vocational Expert Government Affairs Fund is comprised of non-tax-deductible contributions that support federal government relations on behalf of the SS-VE section.

\*\*\*The IARP Legislative Fund is comprised of non-tax-deductible contributions that support federal government relations on behalf of the entire membership.

\*\*\*\*No part of IARP dues are tax deductible as a charitable expense. According to provisions of the Omnibus Budget Reconciliation Act of 1993, 100% of IARP member dues may be deductible as a business expense.

## Payment Method

Check (payable to IARP)

Visa     MasterCard     AMEX

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Cardholder Name

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Transmit Completed Application To:

IARP Membership  
 1926 Waukegan Road, Suite 300  
 Glenview, IL 60025  
**Fax: 847-657-6963**  
[www.RehabPro.org](http://www.RehabPro.org)

