



Join Online at: www.rehabpro.org/page/membership

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

Renewal Preference

Mail, send to this address: [] Professional [] Personal

Paperless, send to this email: [] Professional [] Personal

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

Membership Category

- [] Individual Professional \$240/yr.
[] Associate \$200/yr.
[] Professional Candidate* \$107/yr.
[] Retired \$75/yr.

*Candidate members will renew as Indi. Professional or Associate Members after 1 year.

Membership qualifications are outlined at www.rehabpro.org/page/membership.

1) Membership 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.

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

2) Chapter Dues \$ _____

3) SSVE Section Participation: \$150

- [] Yes, required BPA Number: _____
[] No

1) _____ + 2) _____ + 3) _____ = _____
Member Category Dues Chapter Dues SSVE Fee (optional) Total Dues

Grand Total Membership Dues \$ _____

Membership Application Worksheet

Grand Total Membership Dues (from front)	
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Donations

Gale Gibson Memorial Educational Scholarship*	
SS-VE Government Affairs Fund Contribution**	
IARP Legislative Fund Contribution***	
Total****	USD

- * The Gale Gibson Memorial Educational Scholarship is comprised of 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.

Policy Agreement

I have read and grant consent to use my data as outlined in the [privacy policy](#).

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/page/standards.

Signature

Date

Payment Method

- Check (payable to IARP)
- Visa MasterCard AMEX

Card Number

Expiration Date

Security Code

Signature

Cardholder Name

Mail or Fax Completed Application To:
 IARP Membership
 1000 Westgate Drive Suite 252
 St. Paul, MN 55114
 Phone: 651-379-7290
 Fax: 651-290-2266
 www.RehabPro.org

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

If paying by credit card, all fields are required. Per PCI compliance, please do not send credit card information via email to protect your information.