



MEMBERSHIP FORM



LAST NAME: _____ FIRST NAME: _____

CURRENT STREET, CITY, STATE, ZIP: _____

PERMANENT STREET, CITY, STATE, ZIP: _____

PERSONAL PHONE: (_____) _____ WORK PHONE: (_____) _____

E-MAIL: _____ CREDENTIAL(S): _____

EMPLOYER NAME: _____

POSITION (mark all that apply)

<input type="checkbox"/> Therapist	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Administrator	<input type="checkbox"/> Consultant	<input type="checkbox"/> Assistant	<input type="checkbox"/> Aide	<input type="checkbox"/> Educator	<input type="checkbox"/> TR Student	<input type="checkbox"/> Other
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PRACTICE AREA (mark all that apply)

<input type="checkbox"/> Academia	<input type="checkbox"/> Physical Rehab	Geriatrics:	Mental Health:	Recreation:
<input type="checkbox"/> Burns	<input type="checkbox"/> Schools	<input type="checkbox"/> Adult Day Health	<input type="checkbox"/> General Psych	<input type="checkbox"/> General
<input type="checkbox"/> Corrections	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Extended Care	<input type="checkbox"/> Geropsych	<input type="checkbox"/> Inclusive
<input type="checkbox"/> DD		<input type="checkbox"/> Wellness	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Special

MEMBERSHIP FEES		MONTHS OF MEMBERSHIP	
		JUL 2009 - JUN 2010	JAN 2010 - JUN 2010
ORGANIZATIONAL		<input type="radio"/> \$75.00	<input type="radio"/> \$45.00
INDIVIDUAL			
PROFESSIONAL (must live or work in WA)	Hold CTRS® & WA Recreational Therapist registration	<input type="radio"/>	<input type="radio"/>
	Hold CTRS®	<input type="radio"/> \$25.00	<input type="radio"/> \$15.00
	Hold WA Recreational Therapist registration	<input type="radio"/>	<input type="radio"/>
PROFESSIONAL EMERITUS	Retired from practice, hold or held CTRS®	<input type="radio"/> \$15.00	<input type="radio"/> \$9.00
STUDENT	Enrolled full-time in TR/RT higher ed curriculum	<input type="radio"/> \$10.00	<input type="radio"/> \$6.00
SUPPORTING	Not qualifying in the above categories	<input type="radio"/> \$15.00	<input type="radio"/> \$9.00
ATRA or NRPA (NTRS) Member Discount – List ATRA or NRPA member number: _____			<input type="radio"/> -\$5.00
TOTAL		\$ _____	

I would like to assist WSTRA in the following area(s) (mark all that apply)

<input type="checkbox"/> Financial Aid Disbursement	<input type="checkbox"/> Fund Development	<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Member Recruitment/Retention	Professional Development	Publications:
<input type="checkbox"/> Board Member	<input type="checkbox"/> IN Groups	<input type="checkbox"/> Presenting	<input type="checkbox"/> Recognition	<input type="checkbox"/> Symposium	<input type="checkbox"/> E-Updates
<input type="checkbox"/> WSTRA History	<input type="checkbox"/> Nominations	<input type="checkbox"/> PR/Marketing	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Workshops/On-line	<input type="checkbox"/> Newsletter
				<input type="checkbox"/> Student	<input type="checkbox"/> Website

If you checked "Presenting", what topics might you offer? _____

Above information **will be** included in printed/electronic member directories and/or provided to organizations approved by the Board of Directors, **unless you otherwise specify by checking the appropriate box:**

- Do **not** provide my information to any organization or individual except WSTRA and its members.
- Do **not** provide my information to WSTRA members or include it in printed or electronic directories.

You may complete the form on-line, then print it or print the form then complete in ink (please print). Please mail completed form with check or money order, payable to **WSTRA**, to:

WSTRA Membership Committee
410 Broadway Ave E, #373
Seattle, WA 98102

Thank you for joining WSTRA!