

## **ORGANIZATIONAL MEMBERSHIP**

| ANIZATION  LING ADDRESS CITY STATE  LING ADDRE | RGANIZATION CONTACT          |  |  | TITLE                  |  |        |
|--|------------------------------|--|--|------------------------|--|--------|
| ALL (required for organizational membership notices)  RK PHONE  CELL (optional)  FAX  Fill out the information below for each person included in the organizational membership. For SIG and PSG group codes, see page 2. Please note that on-line journal access is included, but there is an additional cost t receive the print journal. To mail print journals to addresses other than the organizational address, please send that information to membership@resna.org.    Nonprofit Organization \$550  | SANIZA                       | ATION  |  |                        |  |        |
| FILL Optional)  EX PHONE  CELL (optional)  FAX  FILL Optional)  FAX  FILL Optional  FILL Optional  FAX  FAX  FILL Optional  FAX  FILL Optional  FAX  FILL Optional  FAX  FAX  FAX  FILL Optional  FAX  FAX  FILL Optional  FAX  FAX  FAX  FAX  FAX  FAX  FAX  FA   | ILING ADDRESS                |  |  | CITY                   | STATE  | Z      |
| Fill out the information below for each person included in the organizational membership. For SIG and PSG group codes, see page 2. Please note that on-line journal access is included, but there is an additional cost to receive the print journal. To mail print journals to addresses other than the organizational address, please send that information to membership@resna.org.    Nonprofit Organization \$550   | AIL (red                     | quired for organizational membership notices)  |  |                        |  |        |
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| (Includes 4 individual memberships)  1. NAME:  | grou<br>recei<br><b>send</b> | p codes, see page 2. Please note tha ve the print journal. <b>To mail print jo that information to membership@</b> | t on-line journal acce<br>ournals to addresses o | ss is included, but th | ere is an additional c<br>nizational address, pl | ost to |
| EMAIL:   |                              |  |  | □For-Profit Organiz    | ration \$850<br>nemberships)                     |        |
| PRINT JOURNAL OPT-IN? ADD \$30: YES □  2. NAME:  | 1.                           | NAME:  |  | CREDENTIAL             | S:   |        |
| 2. NAME:   |                              | EMAIL:   | SIG/PSG C  | ODES:                  |  |        |
| EMAIL:   |                              | PRINT JOURNAL OPT-IN? ADD \$30: YES  |  |                        |  |        |
| PRINT JOURNAL OPT-IN? ADD \$30: YES   3. NAME:   | 2.                           |  |  |                        |  |        |
| 3. NAME:   |                              | EMAIL:   | SIG/PSG C  | ODES:                  |  |        |
| EMAIL:   |                              | PRINT JOURNAL OPT-IN? ADD \$30: YES  |  |                        |  |        |
| EMAIL:   | 3.                           | NAME:  |  | CREDENTIAL             | S:   |        |
| 4. NAME:   |                              |  |  |                        |  |        |
| EMAIL:SIG/PSG CODES:   |                              | PRINT JOURNAL OPT-IN? ADD \$30: YES  |  |                        |  |        |
| PRINT JOURNAL OPT-IN? ADD \$30: YES   5. NAME:   | 4.                           | NAME:  |  | CREDENTIAL             | S:   |        |
| 5. NAME:CREDENTIALS:  EMAIL:SIG/PSG CODES:  PRINT JOURNAL OPT-IN? ADD \$30: YES   6. NAME:CREDENTIALS:   |                              | EMAIL:   | SIG/PSG C  | ODES:                  |  |        |
| EMAIL:SIG/PSG CODES:   |                              | PRINT JOURNAL OPT-IN? ADD \$30: YES  |  |                        |  |        |
| PRINT JOURNAL OPT-IN? ADD \$30: YES □           6. NAME:   | 5.                           |  |  |                        |  |        |
| 6. NAME:CREDENTIALS:   |                              | EMAIL:   | SIG/PSG C  | ODES:                  |  |        |
|  |                              | PRINT JOURNAL OPT-IN? ADD \$30: YES  |  |                        |  |        |
| EMAIL:SIG/PSG CODES:   | 6.                           |  |  |                        |  |        |
|  |                              | EMAIL:   | SIG/PSG C  | ODES:                  |  |        |

## **PAYMENT**

| ORGANIZATION FEE:                      | \$                 |  |
|--|--------------------|--|
| Print Journal: x \$30 =                | \$                 |  |
| Contribution to RESNA's Founders Fund: | \$                 | Fax: (703) 524-6686<br>E-mail: membership@resna.org                                |
| TOTAL: □Visa □Mastercard □AmEx □Dis    | scover □Check      | Mail:<br>RESNA<br>1560 Wilson Blvd, Suite 850<br>Suite 1540<br>Arlington, VA 22209 |
| NAME ON CARD                           |                    |  |
| CREDIT CARD NUMBER                     | EXP DATE           |  |
| Three o                                | igit security code |  |
| BILLING ADDRESS                        |                    |  |

ZIP

## **SIG/PSG CODES**

STATE

CITY

Membership includes **Special Interest Groups** and **Professional Specialty Groups**. Members may join as many groups as they wish.

| Code    | Special Interest Group (SIG)                                |
|---------|---|
| AC      | Accommodations  |
| COG     | Cognition & Sensory Loss                                    |
| CTCA    | Communication Technology & Computer Access                  |
| CAPABOL | Consumer Access, Priorities, and Benefits over the Lifespan |
| DOP     | Delivery, Outcomes & Policy                                 |
| ET      | Emerging Technologies                                       |
| INT     | International   |
| WM      | Wheeled Mobility and Seating                                |

| Code   | Professional Specialty Group (PSG)        |
|--------|---|
| PSG-01 | Suppliers & Manufacturers                 |
| PSG-02 | Physical Therapists                       |
| PSG-03 | Occupational Therapists                   |
| PSG-04 | Rehabilitation Engineers & Technologists  |
| PSG-06 | Speech-Language Pathologists/Audiologists |
| PSG-07 | Educators                                 |
| PSG-08 | Vocational Rehabilitation                 |