



# RESNA

## MEMBERSHIP

 NEW MEMBER    RENEWAL

NAME		CREDENTIALS		
EMPLOYER		TITLE		
MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY
EMAIL (required to receive newsletter and member notices, and for on-line journal access)				
WORK PHONE	CELL (optional)	FAX		

### CHOOSE A SIG & PSG

Membership includes **Special Interest Groups** and **Professional Specialty Groups**.

- Accommodations (AC)
- Cognitive and Sensory Loss (COG)
- Communication Technology and Computer Access (CTCA)
- Consumer Access, Priorities, and Benefits over the Lifespan (CAPABOL)
- Delivery, Outcomes, and Policy (DOP)
- Emerging Technologies (ET)
- International (INT)
- Wheeled Mobility and Seating (WM)

### Professional Specialty Groups

- Suppliers & Manufacturers
- Physical Therapists
- Occupational Therapists
- Rehabilitation Engineers
- Speech-Language Pathologists/Audiologists
- Educators
- Vocational Rehabilitation

RESNA  
1560 Wilson Blvd, Suite 850  
Arlington, VA 22209  
www.resna.org  
(703) 524-6686  
FAX (703) 524-6630

### MEMBERSHIP RATES

- Student \$65    Consumer \$85 \_\_\_\_\_
- 1-yr membership renewal: \_\_\_\_\_
- Regular \$175    Certified ATP/RET/SMS \$175
- 2-yr membership renewal: \_\_\_\_\_
- Regular \$340    Certified ATP/RET/SMS \$340
- Print Journal subscription - \$30 \_\_\_\_\_
- Contribution to RESNA Founders Fund \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

### PAYMENT

- Visa    Mastercard    AmEx    Discover    Check

NAME ON CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_\_

Three digit security code \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_