



ORGANIZATIONAL MEMBERSHIP

ORGANIZATION CONTACT _____ TITLE _____

ORGANIZATION _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTRY _____

EMAIL (required for organizational membership notices) _____

WORK 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 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 \$600
(Includes 4 individual memberships)

For-Profit Organization \$900
(Includes 6 individual memberships)

1. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

2. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

3. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

4. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

5. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

6. NAME: _____ CREDENTIALS: _____

EMAIL: _____ SIG/PSG CODES: _____

PRINT JOURNAL OPT-IN? ADD \$30: YES

PAYMENT

ORGANIZATION FEE: \$ _____

Print Journal: ___ x \$30 = \$ _____

Contribution to RESNA's Founders Fund: \$ _____

TOTAL: \$ _____

Visa Mastercard AmEx Discover Check

NAME ON CARD

CREDIT CARD NUMBER

EXP DATE

Three digit security code _____

BILLING ADDRESS

CITY

STATE

ZIP

SIG/PSG CODES

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

Code	Special Interest Group (SIG)
ACT	Access and Communication Technology
AC	Accommodations
COG	Cognition & Sensory Loss
ET	Emerging Technologies
INT	International
K-12	K-12 Practice
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

Fax: (703) 524-6686
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