



RESNA

MEMBERSHIP

NEW MEMBER RENEWAL

NAME _____ CREDENTIALS _____

EMPLOYER _____ TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL (required to receive newsletter and member notices, and for on-line journal access) _____

WORK PHONE _____ CELL (optional) _____ FAX _____

CHOOSE A SIG & PSG

Special Interest 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 Lanuage Pathologist/ Audiologist
- Educators
- Vocational Rehabilitation

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

MEMBERSHIP RATES

- New Member - 1 yr \$150 _____
- Student \$60 Consumer \$80 _____
- New Member - 2 yr \$250 _____
- 1-yr membership renewal: _____
- Regular \$165 Certified ATP/RET/SMS \$165 2-yr _____
- membership renewal: _____
- Regular \$330 Certified ATP/RET/SMS \$330 _____
- 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 _____