

NRCA MEMBERSHIP APPLICATION

Mr. Mrs. Ms. Dr. (Circle One)

Name _____

Address _____

City _____ State _____ Zip code _____

Work Phone # _____ Home # _____

Fax # _____ Email Address: _____

Membership Information:

New Member Renewal ? Membership # _____

Please check the membership category you wish to join/renew.

Professional* \$70.00

Member \$70.00

Student \$20.00

Affiliate \$40.00

**Please attach evidence of educational attainment. (Transcript or copy of graduate degree or CRC determination letter)*

Payment Information:

Checks ? Please make checks payable (US Dollars) to the
National Rehabilitation Counseling Association.

Credit Card Payment :

VISA MasterCard American Express Discover

Card Number _____

Card Expiration Date: _____ Signature: _____

Total Amount Submitted \$ _____

Please send application and payment to NRCA, P.O. Box 4480, Manassas, VA 210108.

Please note : Dues are non-refundable and membership is non-transferable, but fully portable should you change your employer. A \$25.00 charge will be assessed for returned checks. Membership is good for 12 months from the month your payment is processed. NRCA sets aside \$10.25 for the *Journal of Applied Rehabilitation Counseling*.