



ASTRA MEMBERSHIP APPLICATION

Application Date: _____ <input type="checkbox"/> New Membership <input type="checkbox"/> Membership Renewal	I am interested in participating in: <input type="checkbox"/> Legislative Activity <input type="checkbox"/> Conferences & Workshop Planning <input type="checkbox"/> Student <input type="checkbox"/> Marketing <input type="checkbox"/> Other: _____
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Contact Information

Last Name: _____		First Name: _____	
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Home Phone: _____
Email: _____		Cell Phone: _____	

Would you like other professionals to contact you for networking purposes? Yes No

Professional Information

Employer: _____	Title: _____
Population served: _____	Work Phone: _____

Are you currently a member of: ATRA? Yes No NTRS? Yes No

Membership Categories

\$20	Professional: Open to individuals who are Certified Therapeutic Recreation Specialists as certified by the National Council for Therapeutic Recreation Association.
\$20	Associate: Open to individuals who do not meet the qualifications for Professional Membership but are associated with the field.
\$15	Student: For students studying the Therapeutic Recreation curricula.
\$50	Organization: Package rate for multiple professional members working in the same organization (each member must complete a separate registration form and specify that they are registering as an Organization).

Payment Instructions

Please make checks payable to ASTRA and return to:
 Arizona State Therapeutic Recreation Association • P.O. Box 643 • Phoenix, AZ 85004

Rights and Privileges of Members in Good Standing

All members shall receive regular membership services including publications, reduced registration and fees at conferences, and pertinent news information and updates (including job bulletins).

**For membership information, please contact the Membership Chair
 (Membership Chair information available at www.astra-tr.com)**