



Newfoundland &
 Labrador Therapeutic
 Recreation Association
 P.O. Box 8201
 St. John's NL
 A1B 3N4

Membership Application and Instructions

Membership Year is October 1st to September 30th

APPLICANT INFORMATION Please Allow Four - Six Weeks Processing Time
Has your application information changed since your last membership year? Yes ___ No ___
If yes, complete section below. If no, go to membership fee section.

Name: _____

Home Telephone Number: _____

Permanent Home Address: _____

Home Email Address: _____

Fax Number: _____

Current Employment

Facility Name: _____

Position Title: _____

Facility Address: _____

Work Telephone Number: _____

Work Email Address: _____

Fax Number: _____

If you do not have e-mail access and require mail outs, please check the appropriate space.

Yes ___ No ___

MEMBERSHIP FEES *(Please do not send cash through the mail)*

Professional Membership
 ___ (\$40.00)

Supporting Member
 ___ (\$40.00)

Student
 ___ (\$25.00)

PRIMARY SERVICE SETTING

___ Hospital
 ___ Community

___ Long Term Care
 ___ Adult Day Care

___ Community
 ___ Other

I understand that it is my responsibility to inform NLTRA of any changes in the information that has been provided on this application form.
 Applicant Signature: _____ Date: _____

CONFIDENTIALITY RELEASE: (Optional) I agree that NLTRA may release my name, work/home address to individuals and/or organizations for educational and research purposes.
 Applicant Signature: _____ Date: _____

FOR MEMBERSHIP COORDINATOR USE ONLY
 Region: _____ Assigned Membership Number: _____