



MEMBERSHIP APPLICATION

Mail to below with a check for total membership fee payable to Association for Rehabilitation Marketing.

PMB 105, 118 Julian Place, Syracuse, NY 13210 E-mail: info@rehabmarketing.org / www.rehabmarketing.org

MEMBERSHIP TYPE / FEE (select 1)

___ **AGENCY** (\$275.00) Full membership benefits for up to 3 professionals from the same not-for-profit rehabilitative services provider (agency).

___ **ASSOCIATE** (\$150.00) Full membership benefits for 1 professional of a not-for-profit rehabilitative services provider (agency) employed in a position of gaining work for their service recipients. Includes those in the positions of Business Development, Marketing, Sales, Job Coach, and the like.

___ **AFFILIATE** (\$150.00) Membership benefits for 1 person, or organization that supports the work of rehabilitative services providers, and employment for Individuals with disabilities, but is not a registered not-for-profit rehabilitative services provider. 1 primary contact per Affiliate organization.

___ **STUDENT** (\$100) Membership benefits for 1 person enrolled in an accredited undergraduate program approved by ARM Executive Board.

MEMBER(S) INFORMATION (list up to 3 members for "AGENCY" membership only)

Organization (School if Student) _____

Business Name (DBA) _____

Website _____

Member 1 Name _____ **Signature** _____

Email _____ **Position/Title** _____

Member 2 Name _____ **Signature** _____

Email _____ **Position/Title** _____

Member 3 Name _____ **Signature** _____

Email _____ **Position/Title** _____

Please provide 1 primary mailing address, and phone number to reach each applicant.

Mailing Address _____

City _____ **State** _____ **Zip Code** _____ **Phone#** (_____) _____

Membership acceptance by the ARM Executive Board entitles applicant(s) to receive 1 full term of benefits per their registered membership type. Membership benefits are detailed at www.rehabmarketing.org.

Effective Oct. 19, 2011, C.Jarzyniecki