

MEMBERSHIP FORM

Subscription period: January 1 to December 31, 2008

**Please send completed form to: ARATA Treasurer, Technical Solutions,
109 Ferndale Road, SILVAN, VIC, 3795. Fax: (03) 9737 9111**

Name _____
 Title (Mr, Mrs, Ms, Dr, Prof) _____ First names _____ Surname _____
 Postal _____ Phone () _____
 Address _____ Business Hours _____
 _____ () _____
 _____ Mobile _____
 _____ Fax () _____
 State _____ Postcode _____ E-mail address _____

Details provided on this form will be made available to co-ordinators of ARATA regional & special interest groups. All members will be automatically added to the ARATA listserv & membership directory unless indicated otherwise.

I do not wish to be registered on the list serve I do not wish to be listed in the membership directory
 Yes, If available, I would like to receive the newsletter by email

MEMBERSHIP FEE: *Continuing Members - January to December* [AUS\$50.00] _____
New or Lapsed Members [AUS\$75.00] _____

NB: Membership has lapsed if not renewed before 1st May 2008

Donations (optional) _____
TOTAL _____

Cheques and money orders should be made payable to "ARATA Inc."

Or Please charge this membership fee to my MasterCard / Visa (Please circle card type)

My full card number is Valid to...../.....

Name appearing on card _____

Signature of Cardholder _____

MEMBER PROFILE: (Please tick more than one as applicable)

- | | |
|---|---|
| <input type="checkbox"/> Consumer of rehabilitation and/or assistive technology | <input type="checkbox"/> Family member, carer and/or advocate |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Orthotist / Prosthetist |
| <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Recreationalist |
| | <input type="checkbox"/> Rehabilitation Engineer |
| | <input type="checkbox"/> Special Ed. Teacher |
| | <input type="checkbox"/> Speech Pathologist |
| | <input type="checkbox"/> Teaching Assistant |
| | <input type="checkbox"/> Technician |
| | <input type="checkbox"/> Volunteer |
| | <input type="checkbox"/> Other _____ |

Manufacturer / Supplier _____ (Name of Company)

Work related involvement _____ (Name of Organisation)

AREAS OF INTEREST (please tick one or more areas)

- | | |
|---|---|
| <input type="checkbox"/> Augmentative and Alternative Communication | <input type="checkbox"/> Service Delivery and Public Policy |
| <input type="checkbox"/> Wheeled Mobility and Seating | <input type="checkbox"/> Computer Access |
| <input type="checkbox"/> Human Perspectives of Technology Use | <input type="checkbox"/> Assistive Technology in Developing Countries |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Environmental Control |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other _____ |

How did you hear about ARATA? _____

I agree to abide by the Association's Rules.

Applicant's Signature: _____ Date: _____

Please note that membership is available to individual persons only and is not transferable.