ARATA Australian Rehabilitation and Assistive Technology Association Incorporated

ABN: 20 602 750 949

MEMBERSHIP FORM

Subscription period: January 1 to December 31, 2009

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 Address _____ Phone ( ) _____ 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 listserve & 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 31st March 2009

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)

[ ] Consumer of rehabilitation and/or assistive technology **[ ] Family member, carer and/or advocate**

[ ] Administrator	**[ ] Occupational Therapist**	**[ ] Rehabilitation Engineer**	**[ ] Technician**
[ ] Librarian	**[ ] Orthotist / Prosthetist**	**[ ] Special Ed.Teacher**	**[ ] Volunteer**
[ ] Medical Practitioner	**[ ] Physiotherapist**	**[ ] Speech Pathologist**	**[ ] Other**
[ ] Nurse	**[ ] Recreationalist**	**[ ] Teaching Assistant**	_____

[ ] Manufacturer / Supplier _____ (Name of Company)

[ ] Work related involvement _____ (Name of Organisation)

AREAS OF INTEREST (please tick one or more areas)

[ ] Augmentative and Alternative Communication	**[ ] Service Delivery and Public Policy**
[ ] Wheeled Mobility and Seating	**[ ] Computer Access**
[ ] Human Perspectives of Technology Use	**[ ] Assistive Technology in Developing Countries**
[ ] Telecommunications	**[ ] Environmental Control**
[ ] Education	**[ ] 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.