

AREA MEMBERSHIP APPLICATION

Please accept my application for membership in the
AMERICAN REHABILITATION ECONOMICS ASSOCIATION (AREA)
127 N. Westwind Drive ▪ El Cajon, CA 92020-2955
800-317-2732 Fax: 619-593-9989 Email: area@gasvcs.net
Website: http://www.a-r-e-a.org

Name: _____
(Print name as you would like it to appear on the website and in the membership roster)

Company Name (if applicable): _____

Mailing Address: _____

Telephone: _____ FAX: _____

Email: _____ Website address: _____

Area(s) of Specialty (circle as many as apply): EC LCP VA VE

KEY: EC = Economics LCP = Life Care Planning VA = Vocational Analysis VE = Vocational-Economic Analysis

HOW DID YOU LEARN ABOUT AREA? _____

MEMBERSHIP: Please check the appropriate category below. See *Application Procedures* for explanation.

- | | | |
|------------------|---|---|
| | <input type="checkbox"/> Professional member (\$125) | <input type="checkbox"/> Associate member (\$125) |
| Certification... | <input type="checkbox"/> Certified Earnings Analyst (CEA) (\$475*) | <input type="checkbox"/> Student member (\$25) |
| Registry... | <input type="checkbox"/> Registered Forensic Vocational Expert (FVE) (\$275*) | |
| Registry... | <input type="checkbox"/> Registered in Forensic Economics (RFE) (\$275*) | |

If just Professional, Associate or Student membership is requested (no Certification or Registries), please forward **one (1)** copy each of items 1-3 below, and a check in the amount indicated above, made payable to "AREA":

Enclosed herein

1. Proof of professional, Masters, or Doctoral degree(s) (i.e., certificate copy)
2. Curriculum Vitae (if applying for Professional membership, detail of **3 years'** forensic experience or related work is required)
3. Application and signed/witnessed Ethics Statement

If Certification / Registry is requested, please forward **two (2)** copies each of items 1-3 above, plus **two (2)** copies each of items 4-8 below, and a check as indicated in item 9 below:

4. Official transcripts of your professional, Masters, or Doctoral degree(s)
 5. Copies of all other Certifications or Licenses
 6. Two (2) forensic work products utilized as exhibits in legal proceedings
 7. Two (2) letters of attorney recommendation documenting courtroom expertise
- Note: Three (3) letters are required for the CEA**
8. Signed Confidential Documents Preference Form and, if applicable, two (2) prepaid return envelopes
 9. Enclose a check for \$475* if applying for the CEA (Certification fee), or \$275* if applying for FVE or RFE (Registry fee)

Please sign and date the fully completed and copied application and forward to: AREA, c/o Margy Ashby, Secretary/Treasurer, 127 N. Westwind Drive, El Cajon, CA 92020-2955. For further information, contact us at 800.317.2732, fax 619.593.9989, or email at area@gasvcs.net.

Signature _____ Date Mailed _____

* includes first-year Professional membership

Please send this signed, witnessed page with your application.

I hereby make voluntary application to the American Rehabilitation Economics Association for the issuance of certification, registry or membership at the level indicated above and for oral evaluation if relevant thereto, all subject to and in accordance with the rules and regulations of the Association. Upon the issuance of the certificate or membership, I agree to limit my practice to the sphere of my competency, exercising caution to recognize that vocational economics is a new and developing field, not restricted to any single historical discipline.

I agree to be bound by the Bylaws of the Association insofar as they are applicable to me either as a candidate for certification or registry with the American Rehabilitation Economics Association.

I agree to be bound by the Code of Ethics of **AREA** insofar as it is applicable to me either as a Professional, Associate or Student member or a candidate for certification or registry with the American Rehabilitation Economics Association.

I agree to disqualification from evaluation or from the issuance of a certificate and the forfeiture and return of such certification/registry in the event that any rules governing evaluation and issuance are violated by me or for any of the causes set forth in the Bylaws of **AREA**.

I understand that the programs of the Association are entirely voluntary, and I agree to make no claims against the Board, its members, or its agents, for failure to issue me a certificate; or for any action taken in connection with this application.

I authorize, whenever it may be deemed appropriate by **AREA**, the exchange of information concerning my candidacy (before or at any time after action is taken on my application) with professional associations of which I have been a member or am a member at such time as the Board of Directors may choose to make such inquiry, and with state licensing or certifying authorities. I understand and accept the fact that this may imply individual Board members communicating information they may discover about me to other Board members in a context limited confidentially to Board decision making.

Name _____
(please type or print)

Signature _____

Date of Application _____

Witnessed by _____

Please return to:

American Rehabilitation Economics Association
127 N. Westwind Drive
El Cajon, CA 92020-2955
800-317-**AREA** (2732)