

# AREA MEMBERSHIP APPLICATION

Please accept my application for membership in the  
**AMERICAN REHABILITATION ECONOMICS ASSOCIATION (AREA)**

PO Box 19941 ▪ San Diego, CA 92159-9941

Phone: 800-317-2732; 619-440-2650 Fax: 619-839-3817 Email: [area@gasvcs.net](mailto: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 (\$175)                                       | <input type="checkbox"/> Associate member (\$175) |
| Certification... | <input type="checkbox"/> Certified Earnings Analyst (CEA) (\$525 <sup>*</sup> )            | <input type="checkbox"/> Student member (\$25)    |
| Registry...      | <input type="checkbox"/> Registered Forensic Vocational Expert (FVE) (\$325 <sup>*</sup> ) |   |
| Registry...      | <input type="checkbox"/> Registered in Forensic Economics (RFE) (\$325 <sup>*</sup> )      |   |

If only requesting Professional, Associate or Student membership (no Certification or Registry), 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. a) Proof of professional, Masters, or Doctoral degree(s) (i.e., certificate copy) .....
- b) Alternatively, proof of active CPA license .....
2. Curriculum Vitae (If applying for Professional membership, detail is required of specific cases in which you have provided professional services over a 3-year period, including a separate Rule 26 listing, if necessary. See "Application Procedures for Membership" for complete information.) .....
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. If not a CPA, 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 \$525<sup>\*</sup> if applying for the CEA (Certification fee), or \$325<sup>\*</sup> if applying for FVE or RFE (Registry fee) .....

Please sign and date the fully completed and copied application and forward to: AREA, PO Box 19941, San Diego, CA 92159-9941. For further information, contact us at 800.317.2732 or 619.440.2650 or email [area@gasvcs.net](mailto:area@gasvcs.net).

Signature \_\_\_\_\_ Date Mailed \_\_\_\_\_

<sup>\*</sup> Includes first year of 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 Standards and 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  
PO Box 19941  
San Diego, CA 92159-9941  
Phone 800-317-2732; 619-440-2650  
Fax 619-839-3817