

AREA MEMBERSHIP APPLICATION

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 Website: <http://www.a-r-e-a.org>

Full Name: _____
Please print your name as you would like it to appear on the website directory and in the membership roster.

Company Name: (if applicable) _____

Address: _____ City/State/Zip: _____

Office: _____ Cell: _____ FAX: _____

Email: _____ Website: _____

SPECIALTY AREA: EC Economics
Professional members only
Circle as many specialties as apply.
LCP Life Care Planning
RC Rehab Counseling
VA Vocational Analysis
VE Vocational-Economic Analysis

HOW DID YOU HEAR ABOUT AREA? Email Internet/Website
CONFERENCE: ABVE CPDE IARP Other: _____
PRESS: NAFE newsletter Other: _____
WORD OF MOUTH SOURCE: _____

MEMBERSHIP CATEGORY: Please check the appropriate category below. (See '[Application Procedures](#)' for more information.)

Professional member (\$200) Associate member (\$200) Student member (\$30)

1. a) Proof of Professional, Master's, or Doctoral degree(s) (i.e., certificate copy)
- b) Alternatively, proof of active CPA license
2. Curriculum Vitae or Resumé (If applying for Professional membership, a separate Rule 26 testimony listing is required.)
3. Copies of related Certifications and Licenses (including expiration dates of each)
4. Completed/signed Application form and signed/witnessed Ethics Statement (next page)

PAYMENT AND APPLICATION SUBMITTAL:

Application payments may be made by check or credit card payment through PayPal. The PayPal payment option for Membership Dues can be found at the bottom of our [Join AREA](#) webpage.

Application materials may be submitted by email to area@gasvcs.net (preferred) or by hard copy to the address in the header of this application. If sending by U.S. mail or express delivery, please note that processing time may be delayed.

If you have questions or need further information, contact AREA at 800.317.2732 or 619.440.2650 or email area@gasvcs.net.

Applicant's Signature _____ Date E/Mailed _____

Please send this signed, witnessed page along with your Membership 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 ensure that AREA has copies of non-expired licenses and certificates on file at time of membership renewals.

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 AREA [Code of Standards and Ethics](http://www.a-r-e-a.org/?page_id=431), revised 1/14/19, found online at http://www.a-r-e-a.org/?page_id=431, 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 AREA [Bylaws](http://www.a-r-e-a.org/?page_id=431), revised 05/13, http://www.a-r-e-a.org/?page_id=431.

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.

Applicant Name _____
(Please print or type)

Applicant Signature _____ Date _____

Witness Name _____
(Please print or type)

Witness Signature _____ Date _____

Please return this Membership Application and Signed Witness Statement with supporting documentation to:

American Rehabilitation Economics Association

area@gasvcs.net (preferred)

Phone 800.317.2732; 619.440.2650 Fax 619.839.3817

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