

Membership Application Worksheet

Membership Dues	\$	
Required Chapter Dues	\$	
Additional Section Dues (if applicable)	\$	
Additional Chapter Dues (if applicable)	\$	
IARP Legislative Fund Contribution*	\$	
SSA-VE Advocacy Fund Contribution**	\$	
Total***	\$	USD

*The IARP Legislative Fund is comprised of non-tax-deductible contributions that support federal government relations on behalf of the entire membership.

**The Social Security Administration Vocational Expert Advocacy Fund is comprised of non-tax-deductible contributions that support federal government relations on behalf of the SSA-VE section.

***No part of IARP dues are tax deductible as a charitable expense. According to provisions of the Omnibus Budget Reconciliation Act of 1993, 100% of IARP member dues may be deductible as a business expense.

Payment Method

- Check (payable to IARP)
- Visa MasterCard AMEX

Card Number

Expiration Date

Signature

By signing this application, I verify that the information provided is accurate, that I meet the requirements of the membership type I have chosen, and pledge to abide by the professional Standards & Ethics of IARP published online at www.rehabpro.org.

Signature

Date

Transmit Completed Application To:

IARP Membership
 1926 Waukegan Road, Suite 300
 Glenview, Ill. 60025

Fax: 847-657-6963
www.RehabPro.org

