

ITRA MEMBERSHIP FORM

Please print this form, enclose the membership fee, and mail it to the address listed below.

I _____ (please print name and credentials)
hereby agree to serve as a member of the Iowa Therapeutic Recreation Association (ITRA), an affiliate chapter of ATRA that is comprised of a group of Therapeutic Recreation professionals residing in the same geographic area. The chapter promotes quality Therapeutic Recreation services by offering opportunities for involvement at the grassroots level. Although membership in ATRA is encouraged, it is not necessary in order for you to become a member of ITRA. Membership fee is \$10.00. A Student membership is available for \$5.00.

Signature

Employer/Organization _____

Position _____

Permanent Mailing Address _____

City _____ State _____

Zip Code _____ County _____

Work Phone Number _____

Home Phone Number _____

Fax Number _____

E-mail Address _____

Check here if you are an ATRA member _____

Date of membership expiration _____

Would you be interested in helping with any of the following committees?

Conference Speakers _____ Social Media _____ Fund Raising _____ Marketing _____ Elections _____
Jobs/Internships/CEU Opportunities _____ Scholarships _____

Return To:

Jill Burt
2905 45th Street
Des Moines, IA 50310