



Kentucky Area Therapeutic Recreation Association (KATRA Inc.)

Membership Form

Date \_\_\_\_\_  New Member  Renewal

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Membership Dues	
Professional (voting)	\$75
Associate (voting)	\$75
Supporting (voting)	\$75
Retired (voting)	\$75
Student (voting)	\$35
Organizational (non-voting)	\$150
KATRA/KRPS dual membership	\$75

\* Membership period Sept. 1 – August 31

Member's Certification		
	CTRS	CPRP
	Specialty Behavioral Health	Specialty Geriatrics
	Specialty Developmental Disabilities	Specialty Physical Medicine/Rehab
	Specialty Community Inclusion Services	Other _____
I am interested in certifications, please send me information		

Areas of Interest:

_____ Community	_____ Rehabilitation	_____ Hospital
_____ Psych/Behavioral Health	_____ Skilled Nursing Facility	_____ School
_____ Substance Abuse	_____ Residential/transitional	_____ Academia
_____ Private Practice	_____ Correctional	_____ Other

If you would like to serve on the KATRA Board or a committee, please indicate your choice below.

\_\_\_\_\_ KATRA Board                      \_\_\_\_\_ KATRA Committee

Are you a current ATRA member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Complete and mail with payment (check or money order only) to:

KATRA  
Eastern Kentucky University  
Department of Recreation and Park Administration  
405 Begley Building  
Richmond, KY 40475