

National Association of Rehabilitation Providers & Agencies

Membership Application 2016-2017

INSTRUCTIONS: Please provide all of the information requested then email or fax the completed application to NARA Headquarters at the address, email address or fax number shown below. Your payment must be included with this application in order for it to be processed. For further questions please do not hesitate to contact NARA Headquarters at 866-839-7710, by fax at (800) 716-1847, or by email at nara.admin@naranet.org. ***If you have additional staff and emails you would like to add please attach on separate sheet.*

Step 1: Complete Contact Information

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Website: _____

Contact person: _____

Telephone #: _____ **Fax #** _____

E-mail address: _____

Contact 2: _____ **Contact 3:** _____

Telephone #: _____ **Telephone:** _____

Email: _____ **Email:** _____

Step 2: Select A Membership Category (*Rehab Provider or Rehab Associate*)

Rehab Provider (Active Member): An Active Member in NARA is a rehabilitation business that services the rehab industry in Physical Therapy, Occupational Therapy and/or Speech Language Pathology to patients in need of therapy services. *The Membership Year begins on July 1st and ends on the June 30th of the following year.*

What states do you provide services in: National _____

Level based on # of FTE Employees	Credit Card	Check
Trial Membership		<input type="checkbox"/> \$ 300
1-10 Employees	<input type="checkbox"/> \$ 1,005	<input type="checkbox"/> \$ 975
11-30 Employees	<input type="checkbox"/> \$ 1,725	<input type="checkbox"/> \$ 1,675
31-50 Employees	<input type="checkbox"/> \$ 2,345	<input type="checkbox"/> \$ 2,275
Over 50 Employees	<input type="checkbox"/> \$ 3,195	<input type="checkbox"/> \$ 3,100
Elite Member	<input type="checkbox"/> \$ 5,150	<input type="checkbox"/> \$ 5,000

Company Information:
Number of years in operation: _____

Please select the option below that best describe your company:

- Cont. Care Retire Community (CCRC)
- Certified O/P Rehab Facility (CORF)
- Independent OT Practice (IOTP)
- Independent PT Practice (IPTP)
- Contract Rehabilitation
- Home Health Agency (HHA)
- Private Practice (PP)
- Rehab Agency (RA)
- Other: _____

Please check the services you provide:

- ATC _____
- Aide _____
- COTA _____
- MT _____
- CTRS _____
- Nsg _____
- OT _____
- PT _____
- PTA _____
- RT _____
- SLP _____
- Other: _____

What settings do you provide service in (please check all that apply)?

- Adult Living Facility
- Hospital Inpatient
- Hospital Outpatient
- Home Health
- Industrial Med
- Other: _____
- Occupational Med
- Clinic Outpatient
- School System
- Hospital Contracting
- Long Term/Skilled Nursing

What areas of concern do you have:

- Documentation
- Finance
- Advocacy
- Human Resources
- Other: _____
- Compliance
- Regulation/Policy
- Reimbursement
- Business Growth

How many people does your organization employ? _____

How did you hear about NARA: _____

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Step 2: Select A Membership Category (continued)

Associate Member is a person or company that provides services or products to providers in the rehab industry. An Associate Member enjoys in all Rehab Provider member benefits with exception of voting privileges at the annual meeting. The *Membership Year begins on July 1st and ends on the June 30th of the following year.*

	Credit Card	Check
Associate Member (Regular)	<input type="checkbox"/> \$ 620.00	<input type="checkbox"/> \$ 600.00
Gold Associate Member*	<input type="checkbox"/> \$ 3,090.00	<input type="checkbox"/> \$ 3,000.00

**Additional Benefits for Gold include: 50% of conference vendor events, additional conference registration discount, priority placing, logo with link on website, access membership listing up to 2 times a year, featured organization during conferences and on website, information placed on members only website, and up to 2 NARA sponsored emails to general membership.*

PLEASE COMPLETE THIS SECTION (for either of above member categories):

- What type of services does your organization provide?

<input type="checkbox"/> Education & Training	<input type="checkbox"/> Documentation Software
<input type="checkbox"/> Billing/Software	<input type="checkbox"/> Rehab Product for Patient Care
<input type="checkbox"/> Consulting: Type: _____	
<input type="checkbox"/> Other: _____	

- How do your services benefit the Active NARA members?

- Will you provide an association discount to NARA members as a benefit? Yes No
If yes, please describe what the benefit discount is and how NARA members can access the benefit:

- Can we count on you to sponsor other events throughout the year to enhance your visibility to the members?
 Yes No

Step 3: Sign/Authorize Payment and Submit Application

Membership Year begins on July 1st and ends on the June 30th of the following year. Currently 48% of Membership Dues are Tax Deductible.

Payment Options:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Pay by Check: | <input type="checkbox"/> In Full | <input type="checkbox"/> Semi- Annually <i>(add \$5.00 fee per installment)</i> |
| <input type="checkbox"/> Pay by Credit Card | <input type="checkbox"/> In Full | <input type="checkbox"/> Semi- Annually <i>(add \$5.00 fee per installment)</i> |

Full membership dues or first semi- annual installment are due July 30th; Last semi-annual installment is due January 15th

Credit Card Type: Visa MasterCard Discover American Express

Card Number: _____ Security Code: _____

3-digit back of card for V & M

4-digit front of card for AMEX

Name on Card: _____

Expiration Date: _____ Authorized Amount: \$ _____

Signature: _____

I authorize NARA to charge my credit card for membership payment, including the processing fee.