On line registration and membership is preferred			
Category	Description		
Professional	Individuals who are principally engaged in providing Therapeutic Recreation for the		
\$ 40.00	elderly. They shall be e Association.	ntitled to voting privileges a	and may hold an office within the
Associate	Individuals who do not meet the criteria for professional membership but are		
\$ 35.00	interested in the profession and share the objectives of the corporation. This category		
	includes students, retired persons and interested individuals. They have no voting		
	rights and may not hold an office.		
Life	Individuals who have reached their 26 year of service and have applied to receive this		
\$ 15.00	level of membership. Working members can vote and hold office. Retired members can vote, but cannot hold office.		
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ALL INFORMATION MUST BE FILLED IN, ESPECIALLY AN E-MAIL ADDRESS, WILLCH IS NEEDED TO PROCESS THIS APPLICATION			
WHICH IS NEEDED TO PROCESS THIS APPLICATION Last Name: First Name:			
Last Name: First Name:			
Home Address:		City / Town:	State: Zip Code:
Home Phone:	Cell P	'hone:	E-Mail:
Facility Name:			
Facility Address:		City / Town:	State: Zip Code:
Facility Phone:		Facility E-Mail	:
Type of Facility: DSNF, DADC, DAssisted Living, DSenior Center, DRetirement,			
□Other:			
MEMBERSH	IP APPLICATION	Please mail with check p	ayable to CATRD:
CONFERENCE	and E DECISTRATION	Marion Pierce	orraça
	E REGISTRATION		
	e done on line at	Southbury, CI U	0400
WWW	.catrd.com		