**SMTRA Membership Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Type** (Please check what kind of membership you would like and fill out the corresponding information)

**Student Member** – *Currently studying in the field of Therapeutic Recreation*: \_\_\_\_\_\_

Educational Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Member** – *Employed, seeking employment or retired from the field of Therapeutic Recreation, must attend minimum of 1 meeting/12 months*: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voting Member** – *Must be a member in good standing of TRO/CTRS, must attend minimum of 2 meetings/12months*: \_\_\_\_\_

Currently Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SMTRA meetings are held 3 times annually** – February (Annual General Meeting and Strategic Plan review. $20 membership fee due), June ($10 membership fee due for any new members joining *after* the summer meeting), and October.