Please send this signed, witnessed page along with your Membership Application.

I hereby make voluntary application to the American Rehabilitation Economics Association for the issuance of certification, registry or membership at the level indicated above and for oral evaluation if relevant thereto, all subject to and in accordance with the rules and regulations of the Association. Upon the issuance of the certificate or membership, I agree to limit my practice to the sphere of my competency, exercising caution to recognize that vocational economics is a new and developing field, not restricted to any single historical discipline.

I agree to ensure that AREA has copies of non-expired licenses and certificates on file at time of membership renewals.

I agree to be bound by the Bylaws of the Association insofar as they are applicable to me either as a candidate for certification or registry with the American Rehabilitation Economics Association.

I agree to be bound by the AREA Code of Standards and Ethics, revised 1/14/19, found online at, insofar as it is applicable to me either as a Professional, Associate or Student member or a candidate for certification or registry with the American Rehabilitation Economics Association.

I agree to disqualification from evaluation or from the issuance of a certificate and the forfeiture and return of such certification/registry in the event that any rules governing evaluation and issuance are violated by me or for any of the causes set forth in the AREA Bylaws, revised 05/13,

I understand that the programs of the Association are entirely voluntary, and I agree to make no claims against the Board, its members, or its agents, for failure to issue me a certificate; or for any action taken in connection with this application.

I authorize, whenever it may be deemed appropriate by AREA, the exchange of information concerning my candidacy (before or at any time after action is taken on my application) with professional associations of which I have been a member or am a member at such time as the Board of Directors may choose to make such inquiry, and with state licensing or certifying authorities. I understand and accept the fact that this may imply individual Board members communicating information they may discover about me to other Board members in a context limited confidentially to Board decision making.

Applicant Name _____
(Please print or type)

Applicant Signature _____ Date _____

Witness Name _____
(Please print or type)

Witness Signature _____ Date _____

Please return this Membership Application and Signed Witness Statement with supporting documentation to:

American Rehabilitation Economics Association
info@americanrehabecon.com