



**OFRC MEMBERSHIP FORM- 2017-2018**  
**July 1, 2017 - June 30, 2018**  
**PLEASE PRINT**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_  
Work Email: \_\_\_\_\_  
Educational Level: \_\_\_ CDA \_\_\_ BS \_\_\_ MS \_\_\_ M Ed \_\_\_ LMFT \_\_\_  
PhD \_\_\_ Other, list \_\_\_\_\_

**NOTE: CERTIFIED MEMBERS**

**\*\*\*CEU hours and report form must be mailed in with the renewal. If for some reason, you did not complete 20 hours of continuing education, please look at the "Alternatives to Workshops or conferences" and you may be able to complete the CEU hours that way. You have a one year grace period to complete the unearned 20 hours plus the 20 hours for the current year. Members that are utilizing their membership and certification for Medicaid billing will need to be current for their names to be forwarded to the appropriate parties.**

**Membership and/or Certification Renewal:**

<b>Membership Only Renewal Fee</b>	<b>\$ 35.00</b>	_____
<b>Certification Renewal and Membership renewal Fee</b>	<b>\$ 65.00</b>	_____
<b>Student Membership Fee</b>	<b>\$ 20.00</b>	_____
<b>Retired Membership Fee</b>	<b>\$0</b>	_____
<b>*Late Fee</b>	<b>\$15.00</b>	_____ * Postmarked after July 31, 2017

**Total Enclosed:**

**\* Make check or money order to OFRC**