



## MEMBERSHIP APPLICATION / MEMBERSHIP RENEWAL

### CLASSES OF MEMBERSHIP:

- Member Program** (\$395 per year)  
 A computer training program with a dedicated component for training people with disabilities in computer skills leading to employment.  
*\*\*Only program members are eligible to participate in the Skillssoft Scholarship program and have voting rights.*
- Associate Member\*\*** (\$50 per year)  
 An individual who is interested in supporting the mission of ARPCT.
- Foundation Sponsor** (no membership fee)  
 A private or public, profit or not-for-profit, company or an individual who makes a significant financial or material contribution to ARPCT.  
*This designation is determined by the ARPCT Board.*

**Send check or money order payable to ARPCT to:**

Bob Leneway, Treasurer, ARPCT  
115 East Mountain Sky Ave.  
Phoenix, AZ 85048

[www.arpct.org](http://www.arpct.org)

**Email:** bob.leneway@wmich.edu

**Phone:** (269) 352-5069

Type of Membership:  Member Program  Associate Program  Foundation Sponsor

Is this a renewal of membership?  Yes  No

Organization/Business Name:

Street Address:

City:

State/Province/Territory:

Zip/Postal Code:

Country:

Telephone:

Website Address:

Fax Number:

Is your organization affiliated with a college or university?

Yes  No

If yes, name:

**Ownership Type:**

- Government entity
- Private, not for profit
- Private, for profit
- Sole proprietor
- Other:

**If yes to Government Entity:**

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> Federal (non-VA)                                 | <input type="checkbox"/> County/Municipality | <input type="checkbox"/> Region |
| <input type="checkbox"/> State  | <input type="checkbox"/> Tribal              | <input type="checkbox"/> City   |
| <input type="checkbox"/> Province/Territory                               | <input type="checkbox"/> District            | <input type="checkbox"/> VHA    |
| <input type="checkbox"/> Other: <input style="width: 100%;" type="text"/> |  |                                 |

Annual Operating Budget:

Fiscal Year End Date:

Number of Employees:

Total Number of Persons Served Annually:

## Demographics Information

Please indicate the **NUMBER** of persons assisted annually from the following groups during the last fiscal year. This information helps us work with Skillssoft to provide better and/or tailored content.

**Race/Ethnicity**

<input style="width: 100%; height: 20px;" type="text"/>	Aboriginal Canadians (First Nations/Métis/Inuit)
<input style="width: 100%; height: 20px;" type="text"/>	African-American/Black
<input style="width: 100%; height: 20px;" type="text"/>	Asian
<input style="width: 100%; height: 20px;" type="text"/>	Hispanic or Latino
<input style="width: 100%; height: 20px;" type="text"/>	Native (American or Alaskan)
<input style="width: 100%; height: 20px;" type="text"/>	Native Hawaiian or other Pacific Islander
<input style="width: 100%; height: 20px;" type="text"/>	White
<input style="width: 100%; height: 20px;" type="text"/>	Other: <input style="width: 150px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	Other: <input style="width: 150px;" type="text"/>

**Gender**

<input style="width: 100%; height: 20px;" type="text"/>	Female
<input style="width: 100%; height: 20px;" type="text"/>	Male

**Age**

<input style="width: 100%; height: 20px;" type="text"/>	0–5 (Children)
<input style="width: 100%; height: 20px;" type="text"/>	6–17 (Adolescents)
<input style="width: 100%; height: 20px;" type="text"/>	18–40 (Adults)
<input style="width: 100%; height: 20px;" type="text"/>	41–65 (Adults)
<input style="width: 100%; height: 20px;" type="text"/>	66–85 (Adults)
<input style="width: 100%; height: 20px;" type="text"/>	86+ (Adults)

**Other Demographics (please check all that apply)**

<input type="checkbox"/>	Persons hard of hearing/deaf
<input type="checkbox"/>	Persons with acquired/traumatic brain injury
<input type="checkbox"/>	Persons with dementia
<input type="checkbox"/>	Persons with developmental disabilities
<input type="checkbox"/>	Persons with dual diagnosis (AOD/MI)
<input type="checkbox"/>	Persons with mental disorders
<input type="checkbox"/>	Persons with physical disabilities
<input type="checkbox"/>	Persons with visual impairments/blind

<input type="checkbox"/>	Persons on the autism spectrum
<input type="checkbox"/>	Persons disadvantaged
<input type="checkbox"/>	Persons unemployed
<input type="checkbox"/>	Persons homeless

## Contact Information

### Main Contact (Individual that makes decisions regarding membership)

Contact Name:

Job Title:

Mailing Address (if different from organization/business street address):

City:

State/Province/Territory:

Zip/Postal Code:

Email Address:

Telephone and extension:

Preferred method of communication?

Email

Phone

Mail

### Billing Contact (Individual responsible for payment of membership due and renewals)

Contact Name:

Job Title:

Mailing Address (if different from organization/business street address):

City:

State/Province/Territory:

Zip/Postal Code:

Email Address:

Telephone and extension:

Preferred method of communication?

Email

Phone

Mail

### Administrator Contact (Individual that sets up and manages user accounts)

Contact Name:

Job Title:

Mailing Address (if different from organization/business street address):

City:

State/Province/Territory:

Zip/Postal Code:

Email Address:

Telephone and extension:

Preferred method of communication?

Email

Phone

Mail

# Membership Agreement

This Membership Agreement ("Agreement") is made and entered into by the undersigned ("Organization/Business") as of the date of execution set forth below ("Effective Date").

- A. The Association of Rehabilitation Programs in Computer Technology (ARPCT) is a non-profit organization whose purpose is to promote communication and support between and among programs designed to train and place persons with disabilities in areas related to computer technology and information processing;
- B. Organization/Business is in the business of providing training to persons with disabilities in computer skills leading to employment; and
- C. Organization/Business desires to become a member of ARPCT.

In consideration of the foregoing and the terms and conditions contained herein, Organization/Business hereby acknowledges and agrees as follows:

- 1. **Skillsoft online training.** ARPCT shall provide the Organization/Business access to Skillsoft online training through EditU as part of its membership to ARPCT.
- 2. **Use.** The computer Software, artwork and other components included in the Software are the copyrighted property of SkillSoft and its licensors. The Software is licensed (not sold) to ARPCT nor the Organization/Business, and SkillSoft owns all copyright, trade secret, patent, and other proprietary rights in the Software. The Organization/Business will not: (a) copy the Software, (b) reverse engineer, disassemble, or decompile the Software, (c) transfer or make available the EditU login provided as part of ARPCT membership nor the Software to any other party, or (d) use the Software outside the Organization/Business listed in this agreement.
- 3. **Limitation of Liability.**
  - 3.1. **Waiver.** Provider hereby expressly waives and releases ARPCT from any and all claims, costs, demands, charges, lawsuits, damages and liabilities of any kind whatsoever which may arise from or related to, directly or indirectly, membership, networking or communications with other ARPCT members, or Skillsoft content. Organization/Business expressly acknowledges and agrees that use of the Software is at its sole risk.
- 4. **Term.** This Agreement shall be effective as of the Effective Date and shall terminate upon the expiration of twelve (12) months from the Effective Date.

Provider hereby executes this Agreement on the date set forth below.

Signature:



Effective Date:

/  /
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Name:

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Title:

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Organization/Business:

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