

ATRI CERTIFICATION ANNUAL RENEWAL FORM

Name _____ Discipline _____

Workplace Name (Only if we are mailing to your workplace address) _____

Street _____ Cell phone _____

City _____ Work phone _____

State _____ Zip Code _____ Email _____

Country _____

RENEWAL OF ATRI CERTIFICATION

- CEU Course Completion Documents Attached **(please attached scanned/copies of your documents)**
- CEU Course Completion Documents TRACKED in my Account at aeawave.org **(to learn how, please check out the How To Videos on aeawave.org home page)**

RENEWAL FEES

- If CEUs are earned through ATRI and SELF-TRACKED in my Account at aeawave.org \$ 29.00
- If CEUs are earned through ATRI and Course Completion Documents are attached \$ 39.00
- If CEUs are NOT earned through ATRI, but with an ATRI Continuing Education Provider (CE Provider) \$ 49.00
- If CEUs are NOT earned through ATRI and are NOT an ATRI Continuing Education Provider (CE Provider) \$ 69.00
- LATE FEE (required if renewing 3 to 11 months after expiration date) \$ 25.00

ADD AN ATRI/AEA ONE-YEAR MEMBERSHIP

- Akwa Magazine digital format - NO POSTAL MAILED MAGAZINE \$ 48.00

Total amount due: \$ _____

PAYMENT

CHECK Check # _____ OR VISA Mastercard American Express

Credit Card Number _____ Expiration Date MM/YY Security Code _____

Name as it appears on Card (Print) _____

Billing Zip Code _____ Cardholder Signature _____

AFFIRMATION

By signing and submitting this renewal form, I certify that the information contained in this renewal form is true, complete and correct to the best of my knowledge and is made in good faith.

I understand that ATRI certification does not in any way guarantee the quality of my work as a certified professional. I therefore agree to indemnify and hold harmless World Aquatic Coalition, Inc. (WAC), AEA, ATRI, all their officers, directors, committees and staff from any claims due to negligence, omission or faulty advice that I may give to clients. I understand that WAC, AEA and ATRI are not responsible for any actions or damages from any person arising out of my work as a ATRI certified professional.

Signature _____ Date DD/MM/YYYY

Renew ONLINE for fastest service

Postal Mail Renewal Form to: ATRI Renewal/AEA - 1618 Ellis Street, Brunswick GA 31520

EMAIL PDF Renewal Form or SCAN to: info@aeawave.org (make sure to save file using your full name)

FAX Renewal Form to: 912-289-3560 - For Renewal Questions, call Toll Free: 877-774-2874