

NAAP Membership Application - 2005

PLEASE TYPE OR PRINT CLEARLY (Incomplete form will delay the processing of your membership)

CHECK APPROPRIATE BOX: New Renewal Reinstate New Address Name Change Facility Change

MAIL TO BE SENT TO:

Name: _____ Previous Name: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Phone # Home (_____) _____ - _____ Phone # Work (_____) _____ - _____

Fax # (_____) _____ - _____ E-Mail Address: _____

FACILITY ADDRESS:

Name: _____

Address: _____

City: _____

State/Province: _____ Zip: _____

Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

CHECK WORK SETTING:

- | | | |
|---|---|--|
| <input type="checkbox"/> Long-Term Care Facility | <input type="checkbox"/> Adult Day Care Service | <input type="checkbox"/> Alzheimer's Dementia Unit |
| <input type="checkbox"/> Retirement Home | <input type="checkbox"/> Assisted Living Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sub-Acute Unit | <input type="checkbox"/> Senior Service Center | |
| <input type="checkbox"/> Activity Consultant and/or Educator in the field of activities whose primary focus is on geriatric population. | <input type="checkbox"/> Senior Center | |

National Certification None NCCAP NCTRC RMT OT Other _____

(you do not have to be nationally certified to be a NAAP Member) Certifying Body _____

Length of Experience: Number of years _____ Full time Part time Volunteer

Education: _____ Advanced Studies: _____

Amount Enclosed:	<input type="checkbox"/> Active Membership	70.00 (U.S. Dollars)	PLEASE
	<input type="checkbox"/> Associate Membership	60.00 (U.S. Dollars)	DO NOT
	<input type="checkbox"/> International Membership (outside U.S.)	60.00 (U.S. Dollars)	ADD TO
	<input type="checkbox"/> Student Membership	50.00 (U.S. Dollars)	CONFERENCE
	<input type="checkbox"/> Supportive Membership	99.00 (U.S. Dollars)	REGISTRATION
			FEE

I do not want my name included in the membership list sold.

Credit Card Payment: Visa Credit Card # _____

MasterCard Expiration Date: _____

AMX Signature: _____

Send checks, money orders or credit card to:

NAAP

PO Box 5530

Sevierville, TN 37864

Federal I.D. #36-3253020

Phone # (865) 429-0717

Fax # (865) 453-9914

For NAAP Office Use Only:

Date Received: _____ Amount Paid: _____ Check # _____

Date Mailed: _____ Membership Number: _____