

**Activity  
Professionals  
Association of  
Greater Dallas**

**Associate  
Membership  
Application**

Complete form and bring to the next meeting with your payment of \$35,  
or mail form and check to: APAGD PO Box 832324, Richardson, TX 75081

**Please Print Clearly**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check all that apply:**

New Member    Renewal    New Address    Name Change

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**Are you:**

Interested in becoming an Activity Professional but not yet qualified for Active Membership

Entertainer

Physical activity provider (interactive exercise, dance, etc.)

Arts provider (crafts, fine art, interactive music)

Other (please specify): \_\_\_\_\_

**What types of facilities do you prefer to work with (if applicable)?**

**Check all that apply:**

Independent Living    Assisted Living    Memory Care Assisted Living    Group Home

Skilled Nursing/Rehab    Adult Day Services