

**Activity
Professionals
Association of
Greater Dallas**

**Active
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 Home Address Name Change Facility Change

Home Address

Address: _____

City: _____

Telephone: _____

Personal Email Address: _____

Place of Employment

Name: _____

City: _____

Work Setting

Check all that apply:

Independent Living Assisted Living Memory Care Assisted Living Group Home

Skilled Nursing/Rehab Adult Day Services Consultant/ Educator Other

Credentials

Association Memberships: _____

Length of experience: _____

Education: _____

Have you completed: MEPAP I MEPAP II

Are you NCCAP certified? Yes No If yes, what level? AAC, ADC, ADPC, ACC, HCC