

Activity Professionals Association of Greater Dallas

Membership Application/2020 Annual Membership Dues \$35.00

Name _____ Date _____

New Member ___ Renewing Member ___ New Email Address ___ New Phone # ___

Home Address

Address _____

City _____ State _____ Zip Code _____

Preferred Telephone # (____) _____ Cell ___ Work ___ Home ___

Personal Email Address **(PLEASE PRINT)** _____

Community in which you work _____

Work Telephone # (____) _____

Work Email Address **(PLEASE PRINT)** _____

Work Setting:

___ Independent Living ___ Assisted Living ___ Memory Care

___ Skilled Nursing/Rehabilitation ___ Adult Day Services ___ Residential Care

___ Consultant ___ Educator ___ Other _____

Credentials:

Associations you belong to: _____

Length of Experience: _____

Have you completed basic activity course? ___ Yes ___ No

Are you certified by an accredited body? ___ Yes ___ No

If yes by whom? _____

If interested in serving on a committee, please check one of the following:

___ Membership ___ Programs ___ Ways & Means ___ Seminar ___ Awards ___ Nominating