

MEMBERSHIP FORM

Please complete a separate form for each member joining.

Check if you do NOT want NADSA to share your organization's contact information with other organizations interested in raising awareness of adult day services and supporting aging in place.

CENTER / ORGANIZATION _____

CONTACT NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

WEBSITE _____

COUNTY _____

CAPACITY of Center (if applicable) _____

NAME OF PARENT ORGANIZATION (if applicable) _____

NAME OF LICENSING, CERTIFYING or ACCREDITING AGENCY (if applicable) _____

MEMBERSHIP TYPE	DESCRIPTION	ANNUAL DUES	✓
CENTER MEMBERSHIP	A Center Membership entitles the individual or organization that owns or operates an adult day center to full membership rights, plus their entire staff assigned to that site can receive discounts on NADSA publications and training. A multi-center organization has the option of paying for separate memberships for any or all of its centers or purchasing one membership which the benefits will be applied solely to the Center it designates. A general owner or operator of multiple centers may have one additional Center Membership that is not tied to an individual center. A link to each Center Member's website can be included on NADSA website.	\$299	
	DISCOUNT FOR MEMBERS OF STATE ASSOCIATION PARTNERS. If a member also is a member of a State Association Partner, the annual dues for the member are discounted. Please visit www.nadsa.org to view a current list of State Association Partners and contact us if you have questions. Identify Name of State Association with which affiliated: _____	\$99	
VENDOR PARTNER	Businesses that offer products or services to support providers of Adult Day Services and that understand and support the mission of NADSA. A logo of each Vendor Partner can be included on NADSA's website.	\$1000	
STATE ASSOCIATION PARTNER	Organized state associations with a focus on adult day services that understand and support the mission of NADSA. Check here if state association members joining NADSA are expected to pay individually. <input type="checkbox"/>	\$300	
ASSOCIATE / INDIVIDUAL MEMBERSHIP	Supporters who have interests compatible with the charitable and educational purposes of the Association but do not currently satisfy the requirements to be Center Members, State Association Partners or Vendor Partners, e.g. charitable organizations, academic institutions, retired Center Member representatives, educators, participants, participant caregivers or other individuals with an interest in Adult Day Services. Non-transferrable.	\$79	
	Students enrolled in accredited institution of higher education are entitled to a discounted Associate Membership rate. Name of School _____	\$49	

Remit to: NADSA, 1421 E. Broad Street, Suite 425, Fuquay-Varina, NC 27526 or pay online at www.nadsa.org

FOR CREDIT CARD PROCESSING ONLY:

Visa

Mastercard

Account # _____

Expiration Date _____ Security Code _____

Card Holder's Name _____

Card billing address if different from above _____

Today's Date _____