

STRATEGIC PARTNER MEMBERSHIP APPLICATION FORM

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.

| | | | |
|--|--------------|---------------------------|----------------|
| ORGANIZATION/BUSINESS NAME | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP | COUNTRY |
| TELEPHONE | | FAX | |
| WEBSITE | | | |
| BUSINESS EMAIL ADDRESS | | | |
| PRIMARY CONTACT PERSON | | | |
| PRIMARY CONTACT EMAIL ADDRESS | | | |
| PRIMARY CONTACT PHONE NUMBER | | | |
| PRODUCT OR SERVICE PROVIDED BY BUSINESS | | | |
| BUSINESS DESCRIPTION | | | |
| Registered with BETTER BUSINESS BUREAU? YES or NO | | YEARS IN OPERATION | |

| MEMBERSHIP TYPE | DESCRIPITON <i>(12 month term based upon date of membership acceptance)</i> | ANNUAL DUES | <input checked="" type="checkbox"/> |
|-------------------------------------|--|--------------------|-------------------------------------|
| STRATEGIC PARTNER MEMBERSHIP | | | |
| | Strategic Partner Members receive recognition as a NADSA partner and supporter of Adult Day Services. They have the option of sponsoring NADSA events throughout the year and have access to NADSA members. They also receive membership in the NADSA Strategic Partner Portal. | \$1,500 | |
| | | | |

Remit to: NADSA, 11350 Random Hills Road, Suite 800, Fairfax, VA 22020
or pay online at www.nadsa.org.

FOR CREDIT CARD PROCESSING ONLY:

Visa American Express MasterCard

Account # _____

Expiration Date _____ Security Code _____ Today's Date _____

Card Holder's Name _____

Card billing address if different from above _____

* As a member of the National Adult Day Services Association, you join with other NADSA members in a mutual commitment to the continuation of quality adult day services as a means of meeting the ever-growing needs of persons who are frail, chronically ill or have disabilities. Please read the National Adult Day Services Association (NADSA) Code of Ethics carefully because when you join NADSA, you are agreeing to abide by the Code of Ethics. As a NADSA member you are obligated to report breaches of ethical conduct to NADSA and/or appropriate regulatory or civil authorities.

Office Use Only: Entered in database _____ Member packet sent _____
Date Received _____ Amount Received _____ Date Membership expires _____ 01.01.2015