

ASSOCIATION MEMBERSHIP 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 NAME		
MAILING ADDRESS		
CITY	STATE/PROVINCE	ZIP
TELEPHONE	FAX	
COUNTRY		
CENTER EMAIL ADDRESS		
WEBSITE		
PRIMARY CONTACT PERSON		
PRIMARY CONTACT EMAIL ADDRESS		
BILLING ADDRESS if different from street address		

MEMBERSHIP TYPE	DESCRIPTION <i>(12 month term based upon date of membership acceptance)</i>	ANNUAL DUES	✓
ASSOCIATION MEMBERSHIP	Association Members represent their members who understand and support the mission of NADSA.	\$500	

Check one:

- Association members who choose to join NADSA are expected to pay NADSA separately.

Remit to: NADSA, 11350 Random Hills Road, Suite 800, Fairfax, VA 22030

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. 01.01.2015

Office Use Only: Entered in database _____ Member packet sent _____

Date Received _____ Amount Received _____ Date Membership expires _____

