11350

Random Hills Road

, Suite 800

Fairfax, VA 22030

Toll Free: 877

-

745

-

1440

Email:

director

@nadsa.org

W

ebsite

[:](http://www.nadsa.org/)

[www.nadsa.or](http://www.nadsa.org/)

[g](http://www.nadsa.org/)

Tax ID #30

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0027036



**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/TYPE** | | |  | |  | | | |
| **Registered with BETTER BUSINESS BUREAU? YES or NO** | | | **YEARS IN OPERATION** | |  | | | |
|  | ***DESCRIPITON***  *(12- month term based upon date of membership acceptance)* | | | | | ***ANNUAL DUES*** |  |
| ***MEMBERSHIP TYPE*** | **Platinum Strategic Partnership: – Requires a Two-Year Commitment (only two per industry category)** | | | | | **$7,500** |  |
| **Premium Strategic Partnership** | | | | | **$3,500** |  |
| **Strategic Partnership** | | | | | **$2,000** |  |

**Remit to: NADSA, 11350 Random Hills Road, Suite 800, Fairfax, VA 22030 or pay online at** [**www.nadsa.org.**](http://www.nadsa.org/)

FOR CREDIT CARD PROCESSING ONLY:

 Visa  American Express  MasterCard

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_