

### NADSA MEMBERSHIP FORM

When you join NADSA, you will agree to abide by the Code of Ethics as described on NADSA's website (<https://www.nadsa.org/about/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.

<b>CENTER / ORGANIZATION / INDIVIDUAL NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>TELEPHONE</b>		<b>FAX</b>
<b>COUNTY</b>		<b>TAX STATUS</b>
<b>DATE CENTER OPENED</b>		<b>CENTER CAPACITY</b>
<b>WEBSITE</b>		
<b>PRIMARY CONTACT PERSON</b>		
<b>PRIMARY CONTACT EMAIL ADDRESS</b>		
<b>BILLING CONTACT NAME/EMAIL ADDRESS (IF DIFFERENT THAN PRIMARY CONTACT)</b>		
<b>BILLING ADDRESS if different from street address</b>		
<b>Does the program operate multiple centers? YES NO</b> If yes, complete a separate Information Grid for each center.		<b>NAME OF PARENT ORGANIZATION if applicable</b>
<b>NUMBER OF LOCATIONS</b>		<b>NUMBER OF EMPLOYEES</b> _____ Send NADSA names and emails for those who should receive member benefits

<b>MEMBERSHIP TYPE</b>	<b>DESCRIPTION</b> <i>(12-month term based upon date of membership acceptance)</i>	<b>ANNUAL DUES</b>	<input type="checkbox"/>
	<b>First-Time Center Membership (first year only)</b>	<b>\$399</b>	
<b>CENTER MEMBERSHIP</b> <i>(choose one – please see attachment for Center Membership Explanations)</i>	<b>Individual Center</b>	<b>\$499</b>	
	<b>Multi-Center</b>	<b>\$499 + \$199 for each additional center</b> <b>Total Number:      Amount Due:</b>	
<b>STATE ADS ASSOCIATION MEMBERSHIP</b>	<b>State ADS Association</b>	<b>\$499</b>	
<b>ASSOCIATE MEMBERSHIPS</b>	<b>Individual</b>	<b>\$299</b>	
<b>STRATEGIC PARTNER</b>	<b>Premier Strategic Partner Membership</b>	<b>\$2,000</b>	
	<b>Premium Strategic Partner Membership</b>	<b>\$3,500</b>	
	<b>Platinum Strategic Partner Membership</b>	<b>\$7,500</b>	
<b>INSTITUTIONAL/ ACADEMIC PARTNER</b>	<b>Open to educational organizations and research organizations</b>	<b>\$1,500</b>	
<b>AFFILIATE ORGANIZATION</b>	<b>Non-profit Affiliate Organizations and Government Agencies supporting or that work the Adult Day Services industry</b>	<b>\$499</b>	

Remit to NADSA, 11350 Random Hills Road, Suite 800, Fairfax, VA 22030 or pay online: <https://www.nadsa.org/membership/>.

CHECK ENCLOSED: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Today's Date: \_\_\_\_\_

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 \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Office Use Only: Entered in database: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Date Membership Expires \_\_\_\_\_