

11350 Random Hills Road, Suite 800, Fairfax, VA 22030

Toll Free: 877-745-1440

Email: [atompkins@nadsa.org](mailto:atompkins@nadsa.org%20)

Tax ID #30-0027036

**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.

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

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| --- | --- | --- | --- |
| ***MEMBERSHIP TYPE*** | ***DESCRIPTION***  ***(12-month term based upon date of membership acceptance)*** | ***ANNUAL DUES*** | ** |
|  | **First-Time Center Membership (first year only)** | **$399** |  |
| **CENTER MEMBERSHIP**  *(choose one – please see attachment for Center Membership Explanations)* | **Individual Center** | **$499** |  |
| **Multi-Center** | **$499 + $199 for each additional center**  **Total Number:**  **Amount Due:** |  |
| **STATE ADS ASSOCIATION MEMBERSHIP** | **State ADS Association** | **$499** |  |
| **ASSOCIATE MEMBERSHIPS** | **Individual** | **$299** |  |
| **STRATEGIC PARTNER** | **Premier Strategic Partner Membership** | **$2,000** |  |
|  | **Premium Strategic Partner Membership** | **$3.500** |  |
|  | **Platinum Strategic Partner Membership** | **$7,500** |  |
| **INSTITUTIONAL/**  **ACADEMIC PARTNER** | **Open to educational organizations and research organizations** | **$1,500** |  |
| **AFFILIATE ORGANIZATION** | **Non-profit Affiliate Organizations and Government Agencies supporting or that work the Adult Day Services industry** | **$499** |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_

# **Multi-Center Information Grid (Complete a grid for each Adult Day Services Center)**

CENTER #

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CENTER / ORGANIZATION NAME** | | | | | | |
| **STREET ADDRESS** | | | | | | |
| **CITY** | | **STATE** | | | **ZIP** | |
| **TELEPHONE** | | | | **FAX** | | |
| **COUNTY** | | | **TAX STATUS** | | | |
| **DATE CENTER OPENED** | **CENTER CAPACITY** | | | | | **NUMBER OF EMPLOYEES** |
| **WEBSITE** | | | | | | |
| **PRIMARY CONTACT PERSON** | | | | | | |
| **PRIMARY CONTACT EMAIL ADDRESS** | | | | | | |
| **BILLING CONTACT NAME/EMAIL ADDRESS** | | | | | | |
| **BILLING ADDRESS if different from street address** | | | | | | |
| **NAME OF OWNER/PARENT ORGANIZATION** | | | | | | |

CENTER #

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CENTER / ORGANIZATION NAME** | | | | | | |
| **STREET ADDRESS** | | | | | | |
| **CITY** | | **STATE** | | | **ZIP** | |
| **TELEPHONE** | | | | **FAX** | | |
| **COUNTY** | | | **TAX STATUS** | | | |
| **DATE CENTER OPENED** | **CENTER CAPACITY** | | | | | **NUMBER OF EMPLOYEES** |
| **WEBSITE** | | | | | | |
| **PRIMARY CONTACT PERSON** | | | | | | |
| **PRIMARY CONTACT EMAIL ADDRESS** | | | | | | |
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