



Membership Application

Please remember that our membership year runs from January 1 to December 31.

Last Name _____ First Name _____
Address _____
City _____ County _____
Zip Code _____ E-mail Address _____
Home Phone _____ Fax _____

Sponsoring NJAPA Member _____

Enrolled in MEPAP Part I or II

Instructor Name Enter instructor name here _____

Student discount \$5.00 if enrolled in Basic or Advanced Activity Course

Applying For

Please Check if this is a Change from Last

1 Year Active Membership (\$40 per year)

3 Years for \$100

Facility Name _____

Job Title _____

Address _____

City _____ County _____

Zip Code _____ E-mail Address _____

Home Phone _____ Fax _____

Associate Membership (\$30 per year)

3 Years for \$75

Type of Facility

- | | |
|--|--|
| <input type="checkbox"/> Long Term | <input type="checkbox"/> Retired Activity Professional |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Student |
| <input type="checkbox"/> Sub Acute | <input type="checkbox"/> Not Presently Employed |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> CNA |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Senior Center | |
| <input type="checkbox"/> Other | |

Mail Application and check to:

Kevin Bassinder
NJAPA Membership
1933 Hwy. 35, Ste. 105, # 304
Wall, NJ 07719
732-773-0750

Make Check Payable To: "NJAPA"