

Membership Application with online paypal

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

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

Applying For

Please Check if this is a Change from Last Year

Active Membership (\$40 per year) 3 Years for \$100

Facility Name _____ Job Title _____
Address _____
City _____ County _____
Zip Code _____ E-mail Address _____
Work Phone _____ Fax _____

Type of Facility

Associate Membership (\$30 per year) 3Years for \$75

- | | |
|--|--|
| <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 | |