



NJAPA MEMBERSHIP APPLICATION

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

Last Name _____ First Name _____
 Address _____
 City _____ State _____ 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 off) must be enrolled in Basic Ed. or Adv. Management Course

Applying For:

Please check if this is a Change from Last Application

1 Year Active Membership (\$40 per year)

3 Years for \$100

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

Or Applying For:

1 Year Associate Membership (\$30 per year)

3 Years for \$75

- Retired Activity Professional
- Not Presently Employed
- Student
- Volunteer
- CNA
- Other

Type of Facility

- Long Term
- Sub Acute
- Senior Center
- Day Care
- Assisted Living
- Other
- Residential
- Retirement

Make Check Payable To: "NJAPA"

Mail Application and check to:

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

Admin use only: Date received _____

Posted Card Given/Sent