



New Jersey Activity Professionals' Association

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 _____ Home E-mail _____
Home Phone _____ Cell _____

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 _____

Work Address _____

City _____ State _____ County _____

Zip Code _____ Work E-mail _____

Facility Phone _____ Fax _____

Or Applying For:

☐ **1 Year Membership (\$30 per year)**

☐ **3 Years for \$75**

☐ Retired Activity Professional

☐ Volunteer

☐ Not Presently Employed

☐ CNA

☐ Student

☐ Other

Type of Facility

☐ Long Term

☐ Day Care

☐ Residential

☐ Sub Acute

☐ Assisted Living

☐ Senior Center

☐ Other

☐ Retirement

Mail Application and check to:

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

Make Check Payable To: **"NJAPA"**

Admin use only: Date received _____

☐ Posted ☐ CC ☐ Card Given/Sent