



WASHINGTON STATE ASSOCIATION OF ACTIVITY PROFESSIONALS  
MEMBERSHIP APPLICATION

NAME \_\_\_\_\_  
 Name Change  New Address  Check box if you do not  
want your home address published in the Membership directory.  
HOME ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
CELL \_\_\_\_\_  
FACILITY NAME \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

Where would you like to receive mailings?  Home  Work

*I affirm that the above information is correct and complete.*

\_\_\_\_\_  
*signature* *date*

ACTIVE MEMBERSHIP DUES .....\$30.00  
ASSOCIATE MEMBERSHIP DUES .....20.00  
LATE FEE (renewal only after October 1st) .....5.00  
RETIRED PROFESSIONAL DUES .....10.00  
STUDENT RATE (Letter verification required)...20.00  
LOCAL CHAPTER DUES.....  
TOTAL \$ \_\_\_\_\_

CHAPTER \_\_\_\_\_  
New Member  Renewal  At Large Member   
CHAPTER OFFICER \_\_\_\_\_  
STATE OFFICER \_\_\_\_\_  
STATE BOARD MEMBER Yes  No   
COMMITTEE CHAIR \_\_\_\_\_  
NAAP MEMBER Yes  No   
NCCAP CERTIFIED Yes  No   
 AAC  ADPC  ADC  ACC

I am applying for **ACTIVE MEMBERSHIP**

**Type of work setting**

- Long Term Care
- Rehab Center
- Senior Center
- Adult Day Service
- Alzheimers Unit
- Sub-Acute Unit
- Assisted Living Center
- Retirement Community
- Other \_\_\_\_\_

I am applying for **ASSOCIATE MEMBERSHIP**  
IN WSAAP by virtue of being an individual committed  
to the ideals, goals and purpose of the association.

MAKE CHECKS PAYABLE TO: Local Chapter of WSAAP

Send To:

RECEIVED: \_\_\_\_\_  
CASH: \_\_\_\_\_  
CHECK # \_\_\_\_\_  
MONEY ORDER: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_ STATE TREASURER  
  
MEMBERSHIP #: \_\_\_\_\_