



PLEASE USE THIS FORM TO APPLY FOR OR RENEW YOUR IAPA MEMBERSHIP TODAY!

Dear IAPA Member:

By renewing, you also renew your commitment to professionalism within the field of Activities in Illinois. IAPA, in turn, will continue to serve you as an important member of this state-wide organization.

Please complete and return this form with a check or money order payable to:

ILLINOIS ACTIVITY PROFESSIONALS ASSOCIATION
2960 Stanton Street, Springfield, IL 62703

I am interested in participating in (or learning more about the following IAPA Committee:

- | | |
|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Regional Representatives |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Education |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Archives |

Please send me information regarding:

- IAPA Certification
- Becoming a Board Member
- Quarterly Board Meetings
- Annual October Conference
- Submitting Newsletter Articles
- Local Association in My Area
- Other Interest(s): _____

Do you have a special interest?

- Adult Day Services Retirement Senior Centers Mental Health Alzheimer's Consultants

- Individual Membership Dues - \$35.00
- Facility Membership Dues - \$50.00
- Reinstatement Fee - \$10.00

IMPORTANT! PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION BELOW.

Check here if discount applies:

- Retired Charter Member – FREE
- Student - \$17.50 (proof of current enrollment must accompany form)
- Retiree - \$17.50 (proof of retirement must accompany form)

IAPA MEMBERSHIP IS OPEN TO THOSE WORKING OR INTERESTED IN THE FIELD OF ACTIVITIES.

JOIN OR RENEW TODAY BY SENDING THIS FORM AND CHECK TO:
Illinois Activity Professionals Association
2960 Stanton Street
Springfield, IL 62703

For more information, please call
(217) 529-1611

<input type="checkbox"/> New <input type="checkbox"/> Renewal	
Last Name _____	First Name _____
Home Address – Street _____	City/State _____ ZIP _____
Facility/Agency Name _____	
Facility Address _____	
City/State _____	County _____ ZIP _____
Work Email _____	
Home Email _____	
() _____	() _____
Work Phone _____	Home Phone _____
Job Title/Position _____	Area Activity Organization _____
TYPE OF FACILITY/AGENCY	
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Retirement <input type="checkbox"/> Adult Day Services <input type="checkbox"/> Assisted Living <input type="checkbox"/> Senior Center	
<input type="checkbox"/> Mental Health <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____	