



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 the following IAPA Committee:

- Membership
- Finance
- Awards
- Conference
- Newsletter
- Public Relations
- By-Laws
- Regional Representatives
- Government Relations
- Ways and Means
- Education
- Nominating
- Marketing
- Archives

Please send me information regarding: about

- 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
- SLF
- Individual Membership Dues - \$35.00
- Facility Membership Dues - \$50.00

IMPORTANT! PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION BELOW

- Reinstatement Fee for lapsed membership - \$10.00

Check here if discount applies:

- Retired Charter Member – FREE
- Retiree - \$17.50

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	
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 Other: _____	

STOP!
DON'T LET THIS
GET LOST ON

YOUR DESK



IT'S YOUR



MEMBERSHIP
RENEWAL



ILLINOIS ACTIVITY
PROFESSIONALS ASSOCIATION
2960 Stanton Street
Springfield, IL 62703

«First_Name» «Last_Name_»
«Address»
«City», «State» «Zip»