

Michigan Association of Activity Professionals

“Promoting Excellence in the Activity Profession”

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Membership\_\_\_\_\_ Renewal Membership\_\_\_\_\_ Membership #\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of employment at position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of employment in activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| I am applying for Professional Membership by virtue of:  \_\_\_A. Being currently employed as an Activity Professional in:  \_\_\_Adult Day Care  \_\_\_Assisted Living  \_\_\_Behavioral Health  \_\_\_Memory Care  \_\_\_Retirement Community  \_\_\_Skilled Nursing Facility  \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_B. Being an Activity Consultant in Long Term Care  Facilities  \_\_\_C. Being an Activity Professional (Currently Unemployed)  ENCLOSED IS MY CHECK FOR:  \_\_\_\_\_$40 for Professional Membership |  | I am applying for Associate Membership by virtue of:  \_\_\_A. Being a Retired Activity Professional  Length of time in activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_B. Being a Student  School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_C. Being a Volunteer at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_D. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ENCLOSED IS MY CHECK FOR:  \_\_\_\_\_$30 for Associate Membership |

I wish to make a voluntary donation to MAAP Continuing Education Scholarship Fund: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would be willing to serve on a MAAP Conference/Seminar Committee

I would be interested in serving on the MAAP Board or Board Committee

**Make Checks Payable To: Michigan Association of Activity Professionals**

Mail to: **Rick Russell**

**12818 Iroquois Dr**

**Birch Run, MI 48415**

*(989) 239-0370*

*Membership is in effect for one year from date of application approval*

**Membership is Non-Transferable**

Revised 06/16