

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 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