PAPA 2008 MEMBERSHIP FORM

Please check all that apply

___New Member ___Renewal ___Lifetime Member ___Board Member

PLEASE PRINT OR TYPE where you would like PAPA information to be sent to

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone #_____ E-mail_____

WHAT TYPE OF SETTING DO YOU CURRENTLY WORK IN

___Long Term Care
___Continuing Care Community
___Adult Day Center
____Assisted Living/Personal Care
____Alzheimer/Dementia Unit
____Hospital Setting

Other_____

Credentials_____ _____ _____

Would you be willing to assist with a PAPA project or at the conference? ____Yes ____No

What type of workshops would you be interested in attending at the conference?

1._____

2._____

3._____

How did you hear about PAPA? ___Friend ___Website Other_____

Membership year for January 1-December 31, 2008 Membership Fee $25.00 **Makes check payable to: *PAPA*** ***Send membership form and money to:*** CaMae L. Talarico 931 Gravel Hill Road Ligonier, PA 15658	**Website** www.papactivitypro.org **2008 State Conference** October 5th, 6th, 7th Penn Stater Conference Center Hotel

BRAINSTORMING info. *If you have any activity ideas that we could share with other activity professionals, please feel free to list them on the bottom of this page (include additional paper if necessary)*

will be posted on the PAPA website

Example: Card Games Card Bingo, Kings in the Corner, Red & Black	

Official Use Only: Check #_____ Date Received:____-___-2008 Initial_____