



# PAPA 2010 MEMBERSHIP APPLICATION

## Please Check All That Apply

New Member  Renewal  Lifetime Member  Board Member

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you via email for newsletters and other types of correspondence? Yes \_\_\_ No \_\_\_

Please check if you prefer to receive the PAPA Newsletter via  Email  U.S. Mail

## Work Setting Information

Long- Term Care

Assisted Living/Personal Care

Continuing Care Community

Adult Day Center

Alzheimer/Dementia Unit

Hospital Setting

Other (please indicate) \_\_\_\_\_

Facility Name: \_\_\_\_\_

How long have you been in the activities field? \_\_\_\_\_

Credentials: \_\_\_\_\_

## Would you like to...

Assist with a PAPA project? Yes \_\_\_ No \_\_\_

Assist at conferences as a room host by introducing speakers/monitoring the room? Yes \_\_\_ No \_\_\_

Serve as a speaker at one of the PAPA conferences or workshops? Yes \_\_\_ No \_\_\_

If yes, please indicate the topics you would like to present:

\_\_\_\_\_

Submit articles for the PAPA newsletter? Yes \_\_\_ No \_\_\_

Please list conference topics that would be of interest to you?

\_\_\_\_\_

\_\_\_\_\_

Do you have any other ideas or suggestions?

\_\_\_\_\_

Membership Fee \$25.00 valid 1/1-12/31/2010.

Make check payable to: PAPA .Send form and payment to:

**CaMae L. Talarico, ADC, 931 Gravel Hill Road Ligonier, PA 15658**

Official Use Only: Check#

Date Received:

Initial: