



# PAPA MEMBERSHIP FORM FOR \_\_/\_\_(Year)

**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 \_\_\_

## Work Setting Information

- |  |  |
|--|--|
| <input type="checkbox"/> Long- Term Care               | <input type="checkbox"/> Assisted Living/Personal Care |
| <input type="checkbox"/> Continuing Care Community     | <input type="checkbox"/> Adult Day Center              |
| <input type="checkbox"/> Alzheimer/Dementia Unit       | <input type="checkbox"/> Hospital Setting              |
| <input type="checkbox"/> Other (please indicate) _____ |  |

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

How long have you worked 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?

Any other ideas or suggestions? \_\_\_\_\_

Membership Fee \$35.00 valid one year from receipt

Make check payable to: PAPA. Send this form and payment to:  
**Sandy Newfield, 239 Brush Mountain Road, Hollidaysburg, Pa. 16648**

Official Use Only: Check#

Date Received:

Initial: