

**National
Association of
PASRR
Professionals**

Application for Membership

I. General Information

- Mr.
 Mrs.
 Ms.

Prefix First Name Middle Name Last Name Degree

Profession Title

Employer/Organization

Address

Address

City/State/Zip Work Phone Home Phone

Cell Phone Fax Male/Female DOB

Email Join Email List: Y / N

II. Professional Experience

Please tell us about your professional experience:

Total number of years of experience with PASRR: _____

Total number of years in present position: _____

Please describe your present responsibilities as related to PASRR:

III. Demographics

Highest degree earned: __High School __Associate __Bachelor's __Master's __Doctorate

Associate/Bachelor's Major: _____ Graduate Major: _____

Doctorate Major: _____ Licensure: _____

Which category best describes your involvement with the Long Term Care industry? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Nursing Facility Administrator | <input type="checkbox"/> State Agency PASRR Level I | <input type="checkbox"/> Advocacy Group |
| <input type="checkbox"/> Nursing Facility Staff | <input type="checkbox"/> Olmstead Coordinator | <input type="checkbox"/> Individual/Consumer |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> State Agency PASRR Level II | <input type="checkbox"/> Family Member of an Individual/Consumer |
| <input type="checkbox"/> Certified Counselor | <input type="checkbox"/> Mental Health Agency | <input type="checkbox"/> Vendor/Supplier |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Developmental Disability Agency | <input type="checkbox"/> Other (Please list) _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Medicaid Authority | _____ |
| <input type="checkbox"/> Hospital Staff | | |

Are you a member of any other related organizations?

- | | | |
|--------------------------------|----------------------------------|--|
| <input type="checkbox"/> AARP | <input type="checkbox"/> ASA | <input type="checkbox"/> NASW |
| <input type="checkbox"/> AAIDD | <input type="checkbox"/> NAN | <input type="checkbox"/> NCOA |
| <input type="checkbox"/> AISDD | <input type="checkbox"/> NASMHPD | <input type="checkbox"/> Other (Please List) _____ |

III. Demographics (cont'd.)

Please indicate which products and services your company/organization uses on a frequent basis or is considering use:

	Currently Uses	Considering Use
Consulting services	<input type="checkbox"/>	<input type="checkbox"/>
Printing services	<input type="checkbox"/>	<input type="checkbox"/>
IT services	<input type="checkbox"/>	<input type="checkbox"/>
Videoconferencing services	<input type="checkbox"/>	<input type="checkbox"/>
Training services	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>
Other Business Enhancing Services (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

IV. Member Benefits

Your yearly fee includes:

- Access to pasrr.org member's only portion
- Newsletters
- Discounted registration to NAPP conferences
- Networking opportunities with fellow PASRR and Long Term Care professionals
- PASRR resources
- PASRR grant resources
- Educational materials
- Member Directory

V. Leadership

NAPP has a variety of opportunities within the association for you to exhibit a leadership role, such as membership on a committee, chairing a committee, or being elected to the Executive Committee and eventually becoming an officer. Please indicate your interest:

- Committee Member Committee Chair Executive Committee I'm not interested at this time.

VI. Member Categories & Fees

The yearly membership fee is \$25 for individuals, \$50 for Governmental Agencies, and \$10 for Consumers and students. It is non-refundable. Please check your category.

- Individual Membership — \$25
- Governmental Agency — \$50
Agencies may join and select up to 2 representatives to receive information.
- Consumer, Family Member, or Student — \$10

VII. Payment Information

Please send your application and check (made payable to NAPP) to:

NAPP
227 French Landing Dr., Ste. 250
Nashville, TN 37228

Thank you for joining the National Association of PASRR Professionals.

For official use only

Member Number: _____

Date: _____

Payment: _____