**Membership Perks**

* Monthly Meetings with Quality Continuing Education
* Certificate for Continuing Education (CEU)
* Job Announcements ~ Networking Opportunities
* Up to date information about what is happening in the activity profession

**National Certification:**

Please indicate after each name, the NCCAP (National Certification Council for Activity Professionals) level of certification i.e. ADC, AAC or CTRS (Certified Therapeutic Recreation Specialist). Attach a copy of present certification by NCCAP or NCTRC.

 Only persons submitting a current certification will have their certification listed with their names on the Membership Roster. Associates are not eligible for CEU’s

**TYPES OF ANNUAL MEMBERSHIP DUES** (Please use black ink and check one)

**\_\_\_\_\_ $50.00 Single Membership \_\_\_\_\_ $25.00 Associate Membership (Non Activity Professional)**

**\_\_\_\_\_ $100.00 Facility Membership (Up to 4 people from same facility. If you have more than 4 people - $25.00 per person.**

**Please list all Facility members who will be attending CAPA meetings on a separate form.**

New Membership(Circle) **\_\_Yes \_\_ No** Address Change **\_\_Yes \_\_No** Facility Change **\_\_ Yes \_\_ No**

**If you are affiliated with a Health Care Facility, Hospital, Retirement Community or Adult Day Care please complete the facility information as well as the individual membership information.**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(NCCAPCERTIFICATION)\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meeting notifications will be E-Mailed to you, if you prefer it to be mailed check here \_\_\_\_\_\_\_\_\_\_**

**Like Us on Facebook: CAPA-Cincinnati Activities Professionals Association**

**Membership Questions can be directed to: Application and Payment can be mailed to:**

**Kim Weber ADC ~ VP of Membership CAPA c/o Sandi Ketterman ~ Treasurer**

Kim.Weber@QueenCityElderCare.com **P.O. Box 454**

**513-253-1221 Harrison, Ohio 45030**