

Pennsylvania Adult Day Services Association
Membership Application

Center Member **\$300.00**
Allied Professional **\$125.00**

Member Information:

Name: _____

Position: _____

Agency: _____

Address: _____

Address2: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **PADSA Region Selection:** _____

Business Phone: _____ **Fax:** _____

E-Mail: _____ **Web Site:** _____

- Please photocopy application for more additional sites or print clearly on plain paper

_____ Check enclosed (make payable to PADSA)

_____ Please charge my _____ VISA _____ Mastercard _____ Discover _____ AMEX

Name as it appears on card _____

Credit card # _____ Expiration date _____

Authorized signature _____

Please make checks payable to PADSA. Mail dues payment and form to the address below or fax to 610 363-8507 if using a credit card or email to Pshull@PADSA.org

PENNSYLVANIA ADULT DAY SERVICES ASSOCIATION
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