



INDIANA ACTIVITY DIRECTORS ASSOCIATION

P.O. Box 215, Mooresville, IN 46158 Phone: (765) 763-6438

Website: www.indianaactivitydirectors.com

MEMBERSHIP APPLICATION AND RENEWAL FORM

INDIVIDUAL MEMBERSHIP: Membership in **I.A.D.A.** shall be open to those persons concerned primarily with programming Activities in a health facility under the laws of the State of Indiana and who are willing to uphold the objectives and subscribe to the By-Laws of the Association.

RETIREE MEMBERSHIP: Retiree Membership in **I.A.D.A.** shall be open to selected, qualified, and approved individuals recommended by an individual or facility, and approved by the Board of Directors. Retiree members shall have full rights as individual members.

Individual \$35.00

Retiree \$10.00

Please send payment and application to: I.A.D.A., P.O. Box 215, Mooresville, IN 46158

Please TYPE or PRINT clearly--Check appropriate box: (incomplete form will delay the processing of your membership)

New

Name Change

Renewal

New Address

Facility Change

Activity Director Change

Activity Director: _____

Facility: _____

Facility Address: _____

City: _____ State: _____

Zip: _____ County (facility) _____

Phone (facility): _____ Personal Phone: _____

Preferred Contact: Text or Call

Preferred Email: _____

MAIL FROM IADA TO BE SENT:

Address: _____

City: _____ State: _____

Zip: _____