

**SOUTH CAROLINA ACTIVITY PROFESSIONALS ASSOCIATION
MEMBERSHIP RENEWAL APPLICATION**



It is time to renew your membership which expires _____ To assure you continue to receive all the benefits of SCAPA as well as all SCAPA mailings, please complete this form and return it with your dues of \$40.00 by the expiration date.

Please select from the following:

Renewal _____ Name change _____ Address change _____

Do you want to receive your mail at home _____ or work _____?

Please print or type clearly:

Name _____

Home Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Home e-mail _____

County _____

Facility Name _____ Title _____

Facility Address _____

City _____ State _____ Zip _____

Work Number _____ Work e-mail _____

Certification: AC-BC _____ AP-BC _____ AAP-BC _____ ACC _____ ADC _____ CTRS _____

Other _____

Please check all that apply:

_____ Long Term Care	_____ Adult Day Services	_____ Student
_____ Senior Center	_____ Assisted Living	_____ Retired
_____ Retirement Home	_____ Transitional Care Unit	
_____ Alzheimer/Dementia Unit	_____ Sub-acute	
_____ Other _____		

Please answer the following questions:

1. Length of experience in Activities? _____
2. Would you be willing to host a workshop at your facility? _____
3. Would you be willing to assist with a SCAPA Committee? _____

Signature _____ Date _____



Please make sure you have checked all appropriate statements and have enclosed this application and dues of \$40.00. Checks should be made payable to SCAPA.

Mail to:

Linda Wright
PO Box 384
Gaffney, SC 29342

In order to assure continuation of organizational mailings,
it is your responsibility to notify SCAPA of any address changes.

Renewal is good for one year from the date of this form.