

# THE NEW JERSEY ADULT DAY SERVICES ASSOCIATION

---



2010 Membership Dues

For Yearly Membership

January 1, 2010 – December 31, 2010

✂ CUT ON DOTTED LINE - RETURN BOTTOM PORTION ONLY

Mail to: Michele Lardieri  
Treasurer NJADSA  
1576 Greanleaf Court  
Toms River, NJ 08753



Remit to address at left.  
Make check payable to "NJADSA".  
Enclose this portion with payment.

DUES SCHEDULE:

- \$1250.00 - 1 Membership
- \$ 250.00 - Each Additional Center

Total Amount Paid: \$ \_\_\_\_\_

<b>Facility Name:</b> _____
<b>Address:</b> _____
<b>Phone:</b> _____
<b>Email:</b> _____

# THE NEW JERSEY ADULT DAY SERVICES ASSOCIATION

## 2010 Demographic Survey

(Please complete and return with your NJADSA Dues)

Please check one:  Center  Organization  Individual  Vendor  Consultant

ORGANIZATION'S CONTACT INFORMATION			
Organization Name			
Attention (Department or Individual)		Title (if individual)	
Address			
City		State	ZIP Code
County	Telephone Number	Fax Number	E-Mail Address
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	

APPOINTED CONTACT INFORMATION			
<b>Note: This individual will receive all communications from NJADSA...</b>			
Name			
Address			
City		State	ZIP Code
County	Telephone Number	Fax Number	E-Mail Address
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	

CENTER CLASSIFICATION				
Model	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Medical	<input type="checkbox"/> Social
Affiliation	<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> None

PROGRAM OPERATION						
Date Center Originally Opened:		Maximum Client Capacity:		Average Client Ages: from _____ to _____ years		
<b>Days Open</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun					
<b>Hours Open</b>	<b>Weekday</b>	Day:	from _____ to _____	<b>Weekend</b>	Saturday	from _____ to _____
		Evening	from _____ to _____		Sunday	from _____ to _____
<b>Transportation</b>	<input type="checkbox"/> Center Vehicle(s) <input type="checkbox"/> Municipal Vehicle(s) <input type="checkbox"/> County Vehicle(s) <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other					

**DISCLOSURE:** If you own or operate another facility in New Jersey, you must sign up the number of facilities that are affiliated with yours. NJADSA could refuse your application for membership if all and any of your affiliated facilities are members.