

THE NEW JERSEY ADULT DAY SERVICES ASSOCIATION



2012 Membership Dues

For Yearly Membership

January 1, 2012 – December 31, 2012

✂ CUT ON DOTTED LINE - RETURN BOTTOM PORTION ONLY

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



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

DUES SCHEDULE:

- \$1300.00 - 1 Membership
- \$ 300.00 - Each Additional Center

Total Amount Paid: \$ _____

Facility Name: _____
Address: _____
Phone: _____
Email: _____

THE NEW JERSEY ADULT DAY SERVICES ASSOCIATION

2012 Contact Information

(Please complete and return with your NJADSA Dues)

PLEASE COMPLETE THIS PAGE FOR ALL CENTERS YOUR COMPANY HAS OWNERSHIP

PRIMARY CENTER'S CONTACT INFORMATION			
Name of Primary Center			
Individual Contact Name		Contact Title	
Address			
City		State	ZIP Code
County	Telephone Number	Fax Number	E-Mail Address
	<input type="text"/>	<input type="text"/>	

ADDITIONAL CENTER'S CONTACT INFORMATION			
Name of Additional Center			
Individual Contact Name		Contact Title	
Address			
City		State	ZIP Code
County	Telephone Number	Fax Number	E-Mail Address
	<input type="text"/>	<input type="text"/>	

PLEASE COPY THIS PAGE IF YOU HAVE MORE THAN TWO CENTERS.

ONCE WE RECEIVE PAYMENT, YOU WILL RECEIVE AN E-MAIL WITH A TEMPORARY USERNAME AND PASSWORD. PLEASE LOG ON THE ATTACHED LINK AND UPDATE AND PROVIDE ALL YOUR CENTER INFORMATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US THROUGH THE WEBSITE AT WWW.NJADSA.ORG.

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.