



**WISCONSIN REPRESENTATIVES OF ACTIVITY PROFESSIONALS
MEMBERSHIP APPLICATION 2019**

MAKE CHECK PAYABLE TO: WRAP. **RETURN PAYMENT AND FORM TO:** Patti Utesch
Date: _____ 3601 S. Chicago Ave, South Milwaukee, WI 53172

New Renewal

Check box of preferred address.

Name: _____

Facility: _____

Home Address: _____
City State Zip

Facility Address: _____
City State Zip

County: _____ **# of Years Activity Professional:** _____

Home Phone: _____ **Cell Phone:** _____

Facility Phone: _____ **Fax:** _____

E-Mail: _____

Professional Memberships: NAAP _____ Regional Group _____ Other _____

Type of Facility:

- Adult Day Care Assisted Living CBRF Skilled Nursing Facility
- Retirement Senior Center Subacute Consultant Memory Care
- Other _____

Certification:

- NAAP:** AP-BC AC-BC
- NCCAP:** ACC ADC AAC
- Other:** _____

Membership Type:

- Active-** \$35 per year
- Professional Other Retired AP Volunteer Not Employed
- Student-**\$20 per yr **School:** _____ **Graduation Date:** _____

WRAP Scholarship Donation \$ _____

It is our policy that WRAP does not sell its membership list to any interested parties

Office Use Only:	_____ Receipt #	_____ email list
_____ Date Received	_____ Region #	_____ member list
\$_____ Paid	_____ Check #	_____ Card #