



WISCONSIN REPRESENTATIVES OF ACTIVITY PROFESSIONALS MEMBERSHIP APPLICATION 2016-2017

MAKE CHECK PAYABLE TO: WRAP. **RETURN 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/Cell Phone: _____

Facility Phone: _____ **Fax:** _____

E-Mail: _____

Professional Memberships: NAAP _____ Regional Group _____ Other _____

Type of Facility:

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

Certification:

NAAP: AP-BC AC-BC

NCCAP: ACC ADC AAC

Other: _____

Membership: **Active-** \$35 per year

Type of Member: Professional Other _____

Student Volunteer Not Employed Retired AP

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 #