



**INDIANA ACTIVITY DIRECTORS ASSOCIATION**

**P.O. Box 144, Clear Creek, IN 47426 Phone: (765) 763-6438**

**Website: [www.indianaactivitydirectors.com](http://www.indianaactivitydirectors.com)**

**MEMBERSHIP APPLICATION AND RENEWAL FORM**

**INDIVIDUAL MEMBERSHIP:** Membership in **I.A.D.A.** shall be open to those persons concerned primarily with programming Activities in a health facility under the laws of the State of Indiana and who are willing to uphold the objectives and subscribe to the By-Laws of the Association.

**RETIREE MEMBERSHIP:** Retiree Membership in **I.A.D.A.** shall be open to selected, qualified, and approved individuals recommended by an individual or facility, and approved by the Board of Directors. Retiree members shall have full rights as individual members.

Individual \$40.00

Retiree \$10.00

**Please send payment and application to: I.A.D.A., P.O. Box 144, Clear Creek, IN 47426**

**Please TYPE or PRINT clearly--Check appropriate box:** (incomplete form will delay the processing of your membership)

New

Name Change

Renewal

New Address

Facility Change

Activity Director Change

Activity Director: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County (facility) \_\_\_\_\_

Phone (facility): \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Preferred Contact:  Text or  Call

Preferred Email: \_\_\_\_\_

**MAIL FROM IADA TO BE SENT:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_