

**WISCONSIN REPRESENTATIVES OF ACTIVITY PROFESSIONALS
MEMBERSHIP APPLICATION**

MAKE CHECK PAYABLE TO: "WRAP". Return to: Cindy Lotzer, 301 S. 6th St.
Waterford, WI 53185

OFFICE USE ONLY	
Date Rec'd _____	✓# _____
Paid _____	Month Due _____
Card # _____	Region _____

Today's Date _____ New Renewal

Name _____ Facility _____

Please check the box of the address you prefer your WRAP materials be sent

Home Address _____
City _____ State _____ Zip _____

Facility Address _____
City _____ State _____ Zip _____

County _____ Home Phone _____ Work Phone _____ Fax _____

Professional Memberships: Regional AP Group _____ NAAP Other _____

E-mail _____ # Years Activity Professional _____

Job Title _____

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

MEMBERSHIP:

Transferable Member - \$35/Year Contact Person _____

Active - \$35/Year – You work in what type of facility?

Adult Day Care Ass't Living CBRF Nursing Home Retirement Senior Center Subacute Other Consultant

Associate - \$25/Year Retired Activity Prof. Student Volunteer Not Employed Other: _____

WRAP Scholarship Donation \$ _____ Check here if you DO NOT want your name on shared mailing list.