

WISCONSIN REPRESENTATIVES OF ACTIVITY PROFESSIONALS
MEMBERSHIP APPLICATION

MAKE CHECK PAYABLE TO: "WRAP". Return to: Renee Tatzel W500 State Rd 29 Spring Valley
WI 54767

OFFICE USE ONLY	
Date Rec'd	_____
Paid	_____
Card #	_____

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: Local Professional Group _____ NAAP Other _____

E-mail _____

Job Title _____

Certification: NCCAP: ACC ADC AAC Other Certification: _____ # Years Activity Professional _____

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.