



MADSA P.O. Box 1305 Holland, MI 49423
Phone: 616-485-5018
Fax: 616-396-9736
Email: mimadsa@gmail.com
Website: www.mimadsa.org

2010 MEMBERSHIP APPLICATION

Contact Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
County: _____ Email: _____
Website Address: _____ Years as MADSA member: _____

Additional Site(s): (If you have more than two sites, please list them on the reverse side)

Contact Name: _____ Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
County: _____ Email: _____

Is your agency a provider of adult day services? Yes No

If not, please explain reason(s) for joining the Association:

Annual Membership Fee: New (Received on _____) Renewal (Received on _____)

- First Time New Member Enrollment = **\$150**
- Provider of Adult Day Services (Annual Renewal) – single/first site = **\$225**
- Provider of Adult Day Services – each additional site = **\$25**
- Non-Provider, individual membership = **\$150**
- Non-Provider agency - e.g. Government, Funding agency = **\$275**

Please return this application with check or money order payable to:

Michigan Adult Day Services Association
P.O. Box 1305
Holland, MI 49423