

Michigan
Adult
Day
Services
Association



MADSA • PO Box 1305 • Holland, MI 49423

Phone: (616) 485-5018

Email: mimadsa@gmail.com

Website: www.mimadsa.org

2018 MEMBERSHIP APPLICATION

Please type or print clearly

Name of center _____

Parent organization _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____

County _____ Email _____

Website _____

If you have additional sites, please list them on the reverse side

Number of years in operation: _____ Circle: Medical Model Social Model

Total number of participants enrolled in 2017: _____ Average daily attendance: _____

Diagnosis of participants: Alzheimer's Disease or Dementia _____

*Of the participants enrolled at your center this past year, about how many have been diagnosed with each of the following conditions?
(Place number on line)*

Developmental Disability _____

Depression _____

Physical Disabilities _____

Mental Illness _____

Number of participants who need help with Activities of Daily Living:

Place number on line

Locomotion _____

Toileting _____

Transferring _____

Eating _____

Medication _____

Staffing Profile: Directors _____ RNs _____ LPNs _____

*Place number on line.
Include number of full-time and part-time*

Certified Nursing assistants _____ Social Workers _____

Program assistants _____

Other _____

Additional sites

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

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

Additional contacts from your organization to be added to our email listing

Name _____ Email _____
 Name _____ Email _____
 Name _____ Email _____

*Registration fees are as follows.
 Please check the box that applies to your organization.*

Early Bird Rate
 (received BEFORE March 15)

Regular Rate
 (received AFTER March 15)

Provider of Adult Day Services-Annual Renewal (first site)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$225
Provider of Adult Day Services-Each Additional Site	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Non-provider-Individual, funding, or government	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175

Jan 1-Mar 31

April 1-June 30

July 1-Sept 30

Oct 1-Dec 31

First year of MADSA membership (prorated)	<input type="checkbox"/> \$185	<input type="checkbox"/> \$138.75	<input type="checkbox"/> \$92.50	<input type="checkbox"/> \$46.25
---	--------------------------------	-----------------------------------	----------------------------------	----------------------------------

* 2018 MADSA Membership will expire in January 2017 *

**Please return this application with check or money order payable to:
 Michigan Adult Day Services Association • P.O. Box 1305 • Holland, MI • 49423**