



INDIANA ACTIVITY DIRECTORS ASSOCIATION

P.O. Box 215 Mooresville, IN 46158 Phone: (765) 763-6438

www.indianaactivitydirectors.org

MEMBERSHIP APPLICATION AND RENEWAL FORM

FACILITY MEMBERSHIP: This membership is held in the name of the facility. One person is designated by the facility as their representative. The membership is retained by the facility in the event of personnel changes and carries one vote. It entitles the facility to send one person to local district education programs and entitles one person to attend I.A.D.A. Seminars and Conventions at the membership rate.

INDIVIDUAL MEMBERSHIP: This membership is held in the name of the individual who pays for the membership and is retained by the individual. It entitles the individual one vote and allows the individual to attend local district education programs. The membership also allows the individual to attend I.A.D.A. Seminars and Conventions at the membership rate.

ASSOCIATE MEMBERSHIP: This membership is held by any person supporting I.A.D.A. whether or not they are currently employed in the field of activities. The associate membership is entitled to vote and it does allow the individual to attend local district education programs and to receive the membership rate at I.A.D.A. Seminars and Conventions. (The individual is ineligible to hold offices.)

- Facility \$50.00
- Associate \$50.00
- Individual \$50.00
- Student (Directors Course) \$35.00

Please send check, money order, and application to: I.A.D.A., P.O. Box 215, Mooresville, IN 46158

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

Mail to be sent to:

Activity Director: _____ Facility: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone (facility): _____ Fax: _____

Personal Phone: _____ County: _____

Email: _____

Home Address: (only need this section filled out if you have an individual membership)

Address: _____ City: _____

State: _____ Zip: _____

Please Check District:

- North West #1
- Central West #5
- North East #2
- South East #6
- Central North #3
- South Central #7
- Central East #4
- South West #8

CHECK OR MONEY ORDER MUST BE SENT WITH APPLICATION. PLEASE MAKE YOUR CORPORATE OFFICE AWARE OF THIS.

FOR IADA USE ONLY: Date Received: _____ Date Membership Card Send: _____

Date Directory Sent: _____ New Member: _____ Renewal: _____

Date Copy Send to 1st Vice-President: _____