



Membership & Resource Form

Please print form and mail with your designated fee

Organization Name: _____

Organization Representative: _____

Title: _____

Year Organization Opened: _____

If not yet open, projected opening day

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Model: Health/Medical Non-Medical Other(explain): _____

Stand Alone Affiliated with: _____

For Profit Not-For-Profit Other(explain): _____

Days Open: Monday-Friday Weekends Hours: _____

Funding Source:

- Private Pay Title III
- Medicaid Waiver United Way
- CHOICE Veterans Association
- Other: _____

Current Total Enrollment:

- 0-15 36-55
- 16-35 56+

Average Daily Census:

- 0-10 21-30
- 11-20 31+

Center Capacity:

- 0-15 36-55
- 16-35 56+

Employees Full-Time:

- 0-3 8-12
- 4-7 13+

Employees Part-Time:

- 0-3 8-12
- 4-7 13+

IAADS Members	Non IAADS Members*
<input type="checkbox"/> \$75 Start-Up Kit <i>(plus \$10 s&h)</i>	<input type="checkbox"/> \$150 Start-Up Kit <i>(plus \$10 s&h)</i>
<input type="checkbox"/> \$300 Start-Up Training <i>(one attendee)</i>	<input type="checkbox"/> \$600 Start-Up Training <i>(one attendee)</i>

\$100 IAADS MEMBERSHIP

Membership is Jan 1 through Dec 31 and must be renewed annually

Total Amount Enclosed: _____



**Please print form & mail with your check to:
IAADS
ATTN: Office Manager
P.O. Box 20348
Indianapolis, IN 46220**

If you are not an IAADS member but wish to receive member rates, please include the \$100 membership fee with your order. Start-Up Training includes follow up consultation to be limited to sixty minutes maximum and 2 phone calls. **Start-Up Kits must be purchased before attending Start-Up Training.*