



The Virginia Association of Activity Professionals is a statewide non-profit organization of persons who are interested in promoting the quality of life in all geriatric settings. VAAP serves as a catalyst for both professional and personal growth and provides a state voice on aging and long-term care issues.

VAAP Membership is open to persons currently employed or maintaining a certification as an Activity Professional or Recreation Therapist in the Senior Care Continuum or those serving as a consultant/educator to Activity Professionals. Membership is also open to students, volunteers or persons interested in the activity field.

Membership dues are \$50 annually ending December 31st and are non-transferable.

VAAP's MISSION

- Promote Professional Development
- Sponsor an Annual Conference and other Educational Workshops
- Provide Discounted Registration for Members
- Unify District Activity Professionals Associations
- Aid in Statewide Communications
- Serve as a Legislative Advocate for Activity Professionals at the State Level
- Problem Solve on an Individual or Collective Basis
- Share Information at www.vaaponline.org

Membership in VAAP offers an opportunity to have a voice in establishing standards of practice for the activity professional in geriatrics. An independent organization, VAAP serves as a link between the individual and other professional organizations. Innovative activity programs are shared through the VAAP website www.vaaponline.org as well as at the Annual State Conference and workshops.

Please type or print the VAAP Membership Application below and send it with a check or money order for \$50.00 made payable to "VAAP" to: Jo Tice, CTRS, 8041 Fallbrooke Drive, Richmond, VA 23235. In order to be eligible to vote during an election year, dues must be postmarked by January 15. May VAAP include your name and address on lists that are made available to organizations or companies that may be of interest to you as an Activity Professional? Yes _____ No _____

Name: _____ E-mail: _____

Previous Name Used: _____ Position: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Facility: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

New Member: _____ Renewal: _____ District: _____ Tax#: 54-1381140

Do You Want Your Mail Sent To Your Home or Facility? _____

Membership is granted to individuals.
Dues are **non-transferable**.

We accept VISA, DISCOVER, MASTERCARD: _____ - _____ - _____ - _____

Last 3 Numbers of Back of Credit Card # _____ Expiration Date: _____

Amount: _____ Signature: _____