



SDADSA
2300 W. 46th Street
Sioux Falls, SD 57105
(605) 336-6751

Membership Application

Please complete and return with payment to ensure proper credit.

Center:

Contact Person: _____

Title: _____

Telephone: () _____ FAX: () _____

Email: _____

Address:

City: _____ State: _____ Zip Code: _____

Membership dues are based on the center's average daily client attendance for the last six months.

_____ Agency membership \$50.00

_____ Associate membership \$25.00

_____ Individual membership \$25.00

Membership:

The membership year shall be April 1 to March 31. Active membership shall include an obligation to the Association to conduct and insure integrity, proper utilization and high quality of care. The membership of this association shall consist of the following categories and no agency or person will be denied membership by reason of race, color, religion, age, sex or national origin:

Active – Agency/Provider/Individual Membership – Membership in the association shall be open to all SD Adult Day Services and individuals employed by a program providing Day Services and Respite Care for adults.

- Agency/Provider** - membership has the following rights:
- entitled to one vote per Association Membership.
 - To submit items for consideration on meeting agendas
 - To submit nominations
 - To request special meetings.

Associate Membership – Individuals and organizations interested in and in support of the purposes of the Association may be granted Association Membership, which shall be without vote.

Dues: Annual dues are payable on **April 1** of each year to maintain membership privileges. Failure to pay dues within 30 days after notice shall be considered equivalent to resignation. The amount of the dues shall be reviewed annually by the Executive Committee.

Please contact SDADSA with any questions or concerns about your membership.

Send to: South Dakota Adult Day Services Association
2300 W. 46th Street
Sioux Falls, SD 57105

Date Received: _____ Check#: _____ Check Amount: _____

