



**North Carolina Activity Professionals Association**  
**Est. 1983**  
**Membership Form**

**Purpose**

- To maintain a statewide activity professionals' group which will reflect the interest and needs of the members.
- To expand and improve the quality of care in all programs which serve the elderly.
- To ensure better interaction and communication between activity professionals, regulatory agencies and other health care professional groups.
- To promote and provide appropriate educational opportunities and the needs of the people it serves.
- To advance professional recognition.
- To educate the membership of legislation affecting the activity profession.

**Membership Benefits**

- Receive all mailings from the organization pertinent to activity issues.
- Member only access to restricted areas on NCAPA website.
- Participation in the organization by exercising voting privileges of membership.
- Annual conference in the fall promotes education and recognition of activity professionals.
- Spring educational sessions.
- Reduced rates for conferences and educational sessions.
- Peer support and ideas interchange.
- Educational programs offered may be submitted through the National Certification Council for Activity Professionals, however they may not be granted.

**Majority of Affiliated Districts:**

There are multiple districts across the state that have an affiliation with NCAPA. Separate memberships are available with these districts. Membership dues and meetings vary with districts. NCAPA will assist you to contact your local district.

**Membership**

Membership is open to anyone interested in activity service in long term healthcare facilities, adult day care programs, senior centers and retirement housing. The association shall not discriminate against age, race, sex, creed, or national origin.

**Types of Membership**

**Professional**

a. Presently employed in activities in a long term care facility, adult day care program, senior center or retirement housing.

- b. Presently employed only as a full-time activity consultant to long term care facilities, adult day care programs, senior centers or retirement housing.
- c. An activity professional who is unemployed but who has maintained a minimum of 10 (ten) hours of related continuing education within the last year and has submitted the necessary documentation to prove this.
- d. Awarded voting and all membership privilege.

**Associate** (non-voting members) consists of anyone not meeting the criteria for professional membership. They:

- a. Shall be ineligible to hold office.
- b. May serve on committees in a non-voting advisory capacity.

**Facility**

- a. Shall be a licensed health care facility.
- b. Activity professionals employed by the facility shall have all professional membership privileges except voting.
- c. Facility members are entitled to only one vote per facility.

**Supportive**

Membership open to those organizations, state activity associations, agencies, health care associations, service providers, allied professional groups, and/or other groups interested in or being supportive of the activity profession. This is a non-voting, non-serving membership category.

**Honorary** (non-voting members) confirmed by the membership for individuals who:

- a. Have rendered distinguished service to the healthcare field or to the Association.
- b. Are not actively engaged in long-term activities.
- c. Shall be exempt from dues, ineligible to hold office or vote in the affairs of the Association; however, they may serve on committees in a non-voting advisory capacity.

**Student** (non-voting members) consists of those individuals who are currently enrolled in the state approved class, or the MEPAP Module or Therapeutic Recreation Field of Study.

**Dues** are paid for a calendar year which starts January 1st. Membership dues are payable by March 1 of each year. New members are accepted throughout the year.

Professional and Associate Members. ....	\$ 55
Facility Member. ....	\$110
Supportive Member. ....	\$ 60
Student. ....	\$ 25

Yes! I want to join **NCAPA**. Enclosed are my membership application and dues.  
**Please NOTE: Please make sure that this form accompanies the payment**

**Mail Application & Dues to:**

**Laura Cramer/NCAPA Treasurer**

**Accordius Health at Brevard**

**115 N Country Club Road**

**Brevard, NC 28712**

**Fax to: 828-884-2123 or you may scan this form and**

**send credit card payment to: [Lcramer@AccordiusHealth-Brevard.com](mailto:Lcramer@AccordiusHealth-Brevard.com)**

**Name on Card** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Billing zip code** \_\_\_\_\_

Calendar Year (January 1—December 31) 2019

**Type of Membership (check one)**

Professional \$55

Facility \$110  Associate \$55

Supportive \$60

Student \$25

New  Renewal

Name (if Facility Membership Please list all parties)

\_\_\_\_\_  
Title \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address

\_\_\_\_\_  
Facility Phone \_\_\_\_\_

Home Address

\_\_\_\_\_  
Home Phone \_\_\_\_\_

Do you prefer to have mail sent to  Home,  Facility, or  E-mail

Do you currently attend district meetings?  Yes  No Which

District? \_\_\_\_\_

If no, would you like information?  Yes  No

In what county do you live? \_\_\_\_\_

E-mail \_\_\_\_\_

**NCAPA respects your privacy and will NOT sell or distribute your private information to other people or organizations! Thank You for Joining NCAPA! (rev.10/2018) Referral from** \_\_\_\_\_

