

**MEMBERSHIP APPLICATION/RENEWAL OF MEMBERSHIP
There's Hope With COAP!**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ County of Residence: _____

E-mail: _____

Please consult the [COAP Regions](#) (middle of the Organization Page) to determine your membership county/region: _____

Place of Employment: _____ Work Phone: (____) _____

Are you an Activity Professional? Yes ____ No ____ If yes, how long? _____

If no, please share some information about yourself: _____

Please share with us how you heard about COAP-NC (Please check all that apply)

Personal Contact: _____ Membership Recruitment Team Member: _____

Website: _____ Other (specify): _____

Activity Professional (Please share his/her name so we can extend a personal thank you):

Type of memberships available: (select one type of membership below).

\$50.00 Individual membership _____ \$125.00 Facility membership _____

***A facility membership allows all Activity Professionals in the facility membership benefits. At the annual meeting, only one vote per facility is allowed, but all professionals receive the member rate to attend conferences and regional meetings.

Please list the names below for all Activity Professionals working in the department if you are applying for a facility membership.

Please print / complete / mail your application along with your membership check (payable to COAP-NC) to:

COAP-NC
PO Box 72335
Durham, NC 27722