

AAAP Membership Application

Please print legibly or type

Date: _____

Last Name _____ First name _____ MI _____

Home Address _____ Apt # _____ P.O. Box _____

City _____ State _____ Zip _____

Cell Phone _____ Home Email _____

Job Title _____ Full Time ___ Part Time ___

Employer Name/Address _____

Facility Type: _____ Independent _____ Assisted Living _____ Long-Term Care

_____ Memory _____ Group Home _____ Skilled Care

Facility Phone _____ Facility Email _____

Certified/Credentialed ___ADC___ ACC ___AAP-BC___ AC-BC ___Other

Certification/Credential Number _____

Membership \$ 60.00/yr (March–March). Checks payable to AAAP.

Mail to: AAAP Membership, PO Box 116, Peoria AZ 85345

Membership Questions? Call 602-473-5755

Arizona Association of Activity Professionals

Since 1985



Our Mission

***To provide education, advocacy,
communication and leadership
to Arizona Activity Professionals
for the purpose of enhancing the
quality of life for clients,
residents, participants, and
patients we serve.***

Opportunities Leadership

 Networking

 Education

Our Vision

AAAP will be the membership organization of choice for individuals to achieve the highest standards of practice in the activity profession.

*AAAP encourages and provides assistance to promote **both***

NCCAP (National Certification Council of Activity Professionals)

and

APNCC (Activity Professionals National Certification Center)

Our Values

- Educational opportunities and resources for professional and personal growth through our diverse cultural and educational backgrounds.
- Cultivating relationships with organizations of similar interests for the purpose of advocating our profession.
- Connecting with each other by communicating through various means and resources
- Empowering our professionals through leadership skills.
- Maintaining the highest level of integrity and professionalism.

For More Information
Visit:

theaaap.org