

Coalition of Activity Professionals Membership Application

Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Email: _____

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

Work Address: _____ City: _____ State: ____ Zip: _____

Are you an Activity Professional? Yes ____ How long? ____ No ____ Profession _____

Are you Nationally Certified? Yes ____ No ____ If yes, by whom? _____

How did you hear about COAP? _____

*If you were referred by another activity professional, please share his/her name
so we can extend a personal thank you.*

Membership Dues:

Please select the type of membership you are applying for:

\$12.00 Charter Member ____ \$39.00 Charter Renewal ____ \$58.00 New Member ____
(Through 12/31/2011) (Beginning 1/1/2012) (Beginning 1/1/2012)

Please make checks payable to COAP

Mail your dues and application to: COAP
1821 Hillandale Rd, Suite 1B-350
Durham, NC 27705

Questions? (919) 990-1739

Fax Number (919) 477-1361

Email: coapinfo@aol.com

Website: www.thecoap.com