



2025 Activity Professionals Association Membership Form

Dues \$25.00 payable at monthly lunch and learns or you can mail it to
Vicki Andress @ Immanuel Communities 6803 North 68th Plaza
Omaha, NE 68152.

Name: _____

Title: _____

Place of Employment: _____

Category: Assisted Living, Memory Support, Skilled, Rehab, PACE,
Other: _____

Work Address: _____

Work Phone: _____

Work e-mail: _____

Population you serve: _____

Personal information (optional)

E-mail address: _____

Mailing Address: _____

Cell Phone: _____

MAKE CHECKS PAYABLE TO ACTIVITY PROFESSIONALS ASSOCIATION