

RESIDENT ACTIVITY PERSONNEL IN OHIO (RAP) MEMBERSHIP APPLICATION

RAP is a statewide organization for activity personnel in Ohio. It was conceived and organized by representatives of the activity profession from across the state.

ACTIVE MEMBERSHIP

(\$30 FOR 2 years)

Active Membership is for personnel employed in activity programming, full or part-time, including consultants, social workers, and anyone directly or indirectly playing an active role in activity program. Active members constitute the voting members

- Monthly programming eblasts.
- Opportunity to serve as a RAP Board Member
- Opportunity to be nominated for one of the ANNUAL RAP AWARDS
- Opportunity to nominate someone for the Annual RAP Awards
- Information on certification courses available
- Opportunity to contribute suggestions, comments, concerns and objections to RAP Board of Trustees
- Access to the RAP office, Board Members, District Representatives for all the current information in the Activity and Social Services Professional fields.
- Laminated Membership Card

BENEFITS

In addition to Networking with your peers at the Annual Conference at a reduced rate, Membership Benefits also include:

If you move or change facilities please advise the RAP office ASAP by fax, phone or e-mail.
 FAX: 513-228-0026 **Phone: 513-228-1177** e-mail: rapinohio@gmail.com

PLEASE MAIL Completed Form and check (payable to RAP in Ohio) to:

RAP in Ohio
 PO Box 336
 Lebanon, OH 45036



New Membership Renewal Membership

Type of Membership: Active \$30.00

NAME _____ Home Phone Number _____
 Home Address: _____ City/State/Zip _____
County _____
E-Mail Address @ Home _____

I DO NOT WANT MY MAILING ADDRESS RELEASED TO OTHER AGENCIES

Place of Employment: _____ Work email: _____
 Facility Address _____ City/State/Zip _____
 Facility Phone (____) _____ Fax: (____) _____
 Position/Title _____ # of Years _____
 Credentials _____ Number of Beds in Facility _____
 Long-term Health Care Assisted Living Senior Retirement Adult Day Services
 Senior Center MRDD Services Other

Referred by _____

(OFFICE USE ONLY) Check # _____ Amount: _____ Business or Personal