



# Southern California Association of Activity Professionals Membership Form

\_\_\_\_\_ **New Member**      \_\_\_\_\_ **Renewing Member**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*Last* *First*

**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

**Please place a checkmark next to your primary contact Email address**

**Home Email:** \_\_\_\_\_

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## Facility/Business

**Facility/Business Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

**Position:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

*Please place a checkmark next to the classification which applies to you.*

**Active: \$60.00** – for current Activity Professionals (Directors, Assistants, Consultants, Educators, Volunteers) \_\_\_\_\_ Renewal      \_\_\_\_\_ New Member

**Associate: \$30.00** – for Activity Professionals not currently working or retired, students, Allied Health Professionals, and individuals who support SCAAP.

**PLEASE MAKE CHECKS PAYABLE TO: SCAAP & Mail To:**

**Gissela Saucedo-SCAAP Treasurer**  
645 South Beach Blvd. Anaheim  
CA 92804

**PAY BY CREDIT CARD: Email Form with payment info. to: Gissela Saucedo**

Name of Card Holder: \_\_\_\_\_

Billing Address of Card

Holder: \_\_\_\_\_

Card#: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Email Membership form to: [gissela.saucedo@linkshealth.com](mailto:gissela.saucedo@linkshealth.com)  
Contact via Phone: Laurie Kjar-Reiss, SCAAP President (714)269-7103

**For additional information or questions please browse our  
webpage at [www.Scaap.net](http://www.Scaap.net)**