

ORGANIZATION INFORMATION

Business Name	
Physical Address/City/State/Zip	
Mailing Address/City/State/Zip	
Primary Phone	Fax
	Owned/Operated by the Organization
CONT	ACT INFORMATION
	Secondary Contact
	Email
Phone	Phone
Title	Title
	MEMBERSHIP
Annual membership dues are	based on the budget allocated to Adult Day Program. for 12 months. Check a membership category.
☐ Over \$1 million: \$500 ☐ \$500,000 - \$1 million: \$250 ☐ \$250,000 - \$499,000: \$150 ☐ \$100,000 - \$250,000: \$100 ☐ Under \$100,000: \$75	Provide the following information for additional centers on the back of this form.
	Name of Center Certification Type
☐ Individual/Professional: \$75☐ Nonprofit Association: \$75☐ Associate/Vendor: \$500	Certified Occupancy
	Date Center Opened
	Tax Status

Submit credit card payments online at www.ncadsa.com or make checks payable to NCADSA, 506 Granville Corners #1, Oxford, NC 27565.