



Washington Adult Day
Services Association

Adult Day Center Provider Membership 2011

*WADSA's mission is to increase the quality, availability, accessibility,
and cost effectiveness of adult day services in Washington.*

CENTER INFORMATION If multiple centers operate, use the address for the person with whom
WADSA will communicate regularly.

Name of Center _____

Mailing Address _____

City, State, Zip _____

Organization Director/Coordinator _____

Director/Coordinator Phone _____

Fax _____

E-mail _____

CALCULATING WADSA DUES for RE-NEWING MEMBERS

Provider membership dues are determined by multiplying organization's **total revenue for 2010** by **.0035**

Total 2010 revenue: _____

Times .0035 _____

Total amount due for 2011 dues: \$ _____

NEW & OUT OF STATE WADSA MEMBERS

First time WADSA members and Providers outside of Washington State who do not serve Washingtonians, pay a flat rate of \$300.00 per year for 2011.

PAYMENT OPTIONS

- Check enclosed for full amount.
- 50% enclosed, the balance to be paid July 1.
- Quarterly payments work best. First installment enclosed. Second, third, and fourth installments due April 1, July 1, and September 1 respectively.
- Please send an invoice to our mailing address for the amount due.

Mail this form and check to:

WADSA, 85 South Washington, Suite 314 Seattle, WA 98104
 Phone: 206-461-3899 / 1-888-60-WADSA (outside King County)
 Fax: 206-461-3218
www.adultday.org

For more information, contact Sara Myers, Director of WADSA at sara@adultday.org