



Professional Associate Initial Application (Please Print Clearly or Type)

Date of Application: _____ (For Office Use only: Begin/Completion dates: _____)

Name of Applicant: _____

Title of Applicant: _____

Name of Employer: _____

Address : _____

City: _____ State: _____ ZIP: _____ Country: _____

Contact Info: Telephone: (_____) _____ FAX: (_____) _____

Email: _____

Principle ADA Duties and Responsibilities: Title I Title II Transit Higher Education All of These

Are you responsible for ADA Coordination and compliance activities in your organization? Yes No

Additional ADA Info: _____

Are you currently an Individual Associate of the National Association of ADA Coordinators?

Yes What is your individual associate number, if known: _____

No If not, it is required that in order to be accepted to this Professional Associate Level of Achievement that you first be or become an Individual Associate and maintain this associate level during you're the period required to apply for the Professional Associate program and maintain involvement for up to four years. The current dues for Individual Associates is \$175 per year.

I am enclosing the fee to become an Individual Associate: \$175.00

There is a one time application fee of \$50, check, money order, or credit card only, to apply for this designation.

Enclosed is the application fee for entering the Professional Associate Program as described Above: \$ 50.00

Method of payment: Check/Money Order Credit Card: Visa MasterCard Amex

Name of Person on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

(Credit cards processed by National Institute on Employment Issues the Association's administrator)

Total enclosed \$ _____

I have read and understand the attached information on the Association's Level of Achievement Program. I hereby accept the Rules and Regulations of the National Association of ADA Coordinators established by them for the level of achievement known as a Professional Associate. I understand that the Association is the sole judge of program completion requirements. I will receive notification once each year on the number of earned Association continuing education credits I have earned to that date. The Association will advise me by written notification when I have earned the Professional Associate designation as recognized by the National Association of ADA Coordinators.

Signature of Applicant: _____ Date: _____ (PA608)