



2017 Membership Application
American Association of Service Coordinators

Please type or print clearly and complete all applicable information.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Property/Work Site: \_\_\_\_\_

Work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preferred Work Email\*: \_\_\_\_\_ \*Required for AASC website sign in

How long have you been in the service coordination profession? \_\_\_\_\_ Degree (highest degree earned): \_\_\_\_\_

Professional licenses/certificates: \_\_\_\_\_ # of residents served: \_\_\_\_\_

Resident population served: [ ] Elderly [ ] Disabled [ ] Family [ ] FSS [ ] ROSS [ ] Other: \_\_\_\_\_

Mail My Membership Renewal invoices to: [ ] Property/Work Site [ ] Parent Company [ ] Add Below

Bill to Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Billing Email: \_\_\_\_\_

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Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Membership Dues – 2017 Rates

- [ ] Individual Membership: \$203 per year. Intended for front-line personnel—service coordinators, quality assurance personnel, property managers—who work day to day with residents and clients.
[ ] Transfer - I am replacing a former service coordinator. Please transfer the membership from (name of former service coordinator): \_\_\_\_\_ No Charge to Transfer Memberships.
[ ] Educational Membership: \$98 per year. Open to any student who is enrolled part or full-time in an accredited course of study in a college or university. Does not include enrollment in the Professional Service Coordinator program. Students must show proof of enrollment. Also open to any secondary education faculty.
[ ] Retired Membership: \$98 per year. Any retiree who previously maintained a membership in AASC.

Payment Information: TOTAL DUE: \$ \_\_\_\_\_ [ ] Check enclosed [ ] Credit Card

Credit Card Type (circle one) [ ] VISA [ ] Master Card [ ] Discover [ ] AMEX

Name on Card (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card Security Code†: \_\_\_\_\_

Cardholder Signature: Please type name \_\_\_\_\_

† For Visa/MC – last 3 digits listed on the back of your credit card. For American Express – 4 digits located on front of card above card number

Email my receipt to: \_\_\_\_\_

Please submit payment and send to: American Association of Service Coordinators, P.O. Box 1178, Powell, OH 43065 or fax to (614) 848-5954. Emailing credit card information is not a secure method of sharing sensitive information.