



2018 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: _____

Parent Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Membership Dues – 2018 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.