



# I ♥ AASC Referral Membership Application

American Association of Service Coordinators

(614) 848-5958 | info@servicecoordinator.org | www.servicecoordinator.org

Please type or print clearly and complete all applicable information.

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

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

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

Office  Suite Number \_\_\_\_\_  Floor Number \_\_\_\_\_  Apartment Number \_\_\_\_\_

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

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

**Referred by:** \_\_\_\_\_

Years in the Service Coordinator profession:  Less than 1  1-3  4-6  7-10  11-15  16+

Highest level of education:  HS diploma/GED  Associate's  Bachelor's  Master's  PhD

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

Primary resident population served:  Elderly  Disabled  Family  FSS  ROSS  Other:

AASC Online documentation program subscriber:  Yes  No  What is AASC Online?

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

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

**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: \_\_\_\_\_

\*\*\*\*\*

## Membership Dues – 2019 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.

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

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

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

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

Cardholder Signature: \_\_\_\_\_ Email receipt to: \_\_\_\_\_

Send the completed application with payment 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. Full payment is required to activate your membership.