



2020 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: _____ Start Date: _____

Work address: _____

Office Suite Number _____ Floor Number _____ Apartment Number _____

City: _____ State: _____ Zip: _____ Work phone: _____

Work Email*: _____ **Required for AASC website sign in*

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 – 2020 Rates

Individual Membership: \$210 per year. For front-line personnel—service coordinators, quality assurance personnel, property managers—who work day-to-day with residents and clients.

Transfer: No cost. I am replacing a former service coordinator. Please transfer the membership from (name of former service coordinator): _____

Educational Membership: \$101 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: \$101 per year. Any retiree who previously maintained a membership in AASC.

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. Do not email credit card information. Full payment is required to activate your membership.