

Washington Private Duty Association

Membership Application

Company/agency name _____

Address _____
Street City State Zip

Phone _____ Fax _____

Toll free phone _____ Website _____

Company representative _____ E-mail address _____

Alternate representative _____ E-mail address _____

Names of additional persons to receive E-mail newsletters and notices E-mail address

1. _____

2. _____

WA State Dept. of Health Type of
In-Home Services License # _____ License: Home Care _____ Home Health _____ Hospice _____

For-profit Non-profit Stand alone Franchise Part of larger organization, describe _____

Counties served _____

Describe services _____

Dues: \$250/year Check enclosed: \$ _____

Mail completed application(s) and check payable to **NPDA – Washington Chapter** to:

David Lawrence, WAPDA Membership Chair
10700 Meridian Ave. N., Suite 215
Seattle, WA 98133
membership@wapda.org

The National Private Duty Association (NPDA) requires NPDA membership in order to join a state association. If you are not currently a NPDA member, you may send your NPDA membership application and membership dues to the address above along with your WAPDA application and dues. An NPDA application may be found on their website, www.privatedutyhomecare.org

I certify that my company is a current member of NPDA or has applied for NPDA membership and meets all NPDA membership criteria.

Company Representative Signature

Date