



P.O. Box 958, Rancho Mirage, CA 92270-0958
Voice/Relay (888) 679-7227 - Fax (877) 480-7858 - naadac4info@aol.com - www.askjan.org/naadac

PROFESSIONAL ASSOCIATE Initial Application
(Please Print Clearly or Type)

Date of Application: _____ (For Office Use Only: Begin/Completion dates: _____)

Name of Applicant: _____

Title of Applicant: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Info: Telephone: (_____) _____ FAX: (_____) _____

E-Mail: _____

Principle ADA Duties and Responsibilities: Title I Title II Title III Transit Higher Education All of These

Are you responsible for ADA Coordination and compliance activities in your organization? Yes No

Are you currently an Individual Associate or Organizational Associate of the National Association of ADA Coordinators (NAADAC)?

Yes What is your Individual or organizational associate number? _____

No If not, it is required that in order to be accepted to this Professional Associate Level of Achievement that you first become an Individual/Organizational Associate and maintain this associate level during the period required to apply for the Professional Associate program, and maintain involvement for up to four years.

I am enclosing the fee to become an Individual Associate: \$195.00

We are enclosing the fee to become an Organizational Associate: \$345.00

There is a one time application fee of \$125 per person, check, money order, or credit card only, to apply for this designation.

Enclosed is the application fee for entering the Professional Associate Program as described above: \$125.00

PLEASE ENTER TOTAL ENCLOSED: \$ _____

Method of Payment: Check/Money Order Credit Card: Visa MasterCard Amex

Name of Person on Credit Card (PLEASE PRINT): _____

Credit Card Number: _____ Expiration Date: _____

(Credit cards are processed by National Institute on Employment Issues - the Association's administrator)

I have read and understand the attached information on the Association's Level of Achievement Program. I hereby accept the Rules and Regulations of the National Association of ADA Coordinators established by them for the level of achievement known as a Professional Associate. I understand that the Association is the sole judge of program completion requirements. I will receive notification once each year of the number of earned Association continuing education credits I have earned up to that date. The Association will advise me by written notification when I have earned the Professional Associate designation as recognized by the National Association of ADA Coordinators.

Signature of Applicant: _____ Date: _____ (PA0416)