



## PROFESSIONAL ASSOCIATE Initial Application

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: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Principal 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?

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.

- |   |          |
|---|----------|
| <input type="checkbox"/> Fee to become an Individual Associate:                               | \$200.00 |
| <input type="checkbox"/> Fee to become an Organizational Associate:                           | \$350.00 |
| <input type="checkbox"/> One time application fee of \$125 per person to apply for PA Program | \$125.00 |

**TOTAL to be collected:** \_\_\_\_\_ \$ \_\_\_\_\_

**Please email the application to [naadacemail@gmail.com](mailto:naadacemail@gmail.com).** You will be contacted to arrange payment by credit card.

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: \_\_\_\_\_

January 31, 2023