

Mississippi Association of Adult Day Services

Membership Renewal

Organization Name: _____

Contact Person/Responsible Party: _____

Address: _____ City _____ State _____

Phone: _____

Email: _____

Do you own/operate more than one facility? Yes or No

If yes, How Many _____

Name & Address of each facility. _____

Current Renewal Fee: Effective January 1, 2025 \$300.00

All member ship expires on December 31 NO PRORATION

The membership fee is subject to change without prior notice.

You may pay online www.missaads.org

Do not mail CASH.

**Make check payable to MISSAADS, 4027 Fred Martin Rd., Summit,
Ms. 39666**