

Mississippi Association of Adult Day Services

MEMBERSHIP RENEWAL

Organization Name: _____

Contact Person: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____

Cell 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, 2026 \$300.00

ALL MEMBERSHIP EXPIRES ON DECEMBER 31

THE MEMBERSHIP FEE IS SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

YOU MAY PAY AND RENEW ONLINE AT WWW.MISSAADS.ORG

DO NOT MAIL CASH:

Make check payable to Mississippi Association of Adult Day Services

C/O Benton Thompson

4027 Fred Martin Rd.

Summit, Mississippi 39666