



2420 Hyde Park Rd, Ste A, Jefferson City, MO 65109  
Email: info@moadsa.org Phone: 573-634-3566 Fax: 573-634-4374  
www.moadsa.org

## Membership Application

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Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person/Director (voting delegate): \_\_\_\_\_

Email: \_\_\_\_\_

List the name of the corporate/parent company (if any): \_\_\_\_\_

Signature of Voting Delegate: \_\_\_\_\_

I have decided to join MoADSA based on a referral from another ADC Provider:  Yes  No

If yes, please provide the name of the Program Director and/or ADC: \_\_\_\_\_

**I would like to join a MoADSA Committee:**  Education  Membership  Legislative

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### **Type of Membership:**

\_\_\_\_\_ Provider – Calculate as follows:

Current Census \_\_\_\_\_ X \$17.50 = \_\_\_\_\_ Minimum \$125; Maximum \$600

\_\_\_\_\_ Provisional - \$100

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Total Enclosed: \$ \_\_\_\_\_

Please return this application with your payment to:  
MoADSA, 2420 Hyde Park Rd, Ste A, Jefferson City, MO 65109