



inspire...serve...advocate

Allied Application

Company/Name of Institution: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-Mail Address: _____ Web: _____

Name of School: _____

Please check the appropriate box:

- Associations - \$100/yr
- Institutes of Education - \$100/yr
Educational institutions with an interest in the policies and activities of the association.
- Senior Health Plan - \$100/yr
- Student - \$20/yr
Students must provide name of school, grade level, course of study and expected year of graduation.
- Supporters - \$100/yr
An individual with an interest in the policies and activities of the association but not employed in a health care community, a retirement community or an agency serving the elderly. Contact LeadingAge California regarding voting membership if you are employed in the field of health care/retirement, or if your agency provides direct service primarily to the elderly.

Please contact the Membership Services Department if you have any questions or would like more information.

Payment Method

Membership Amt: \$ _____ Check Visa MasterCard Amex Exp Date: _____

Card Number: _____ Name on Card: _____

Cardholder's Signature: _____ Date: _____

Mail To: LeadingAge California, 1315 I Street, Suite 100,
Sacramento, CA 95814 • Phone: 916-392-5111
Fax: 916-254-5738 • www.leadingageca.org

10% of your dues supports LeadingAge California PAC (Political Action Committee ID#1371227) that supports candidates seeking public office that support nonprofit housing, care and services providers and the older Californians they serve. If you would like to opt-out of this contribution please submit a request in writing to info@leadingageca.org.

The applicant business and I agree to LeadingAge California's policies and to be bound by LeadingAge California's bylaws and by all applicable rules and regulations, as they may be amended from time to time by LeadingAge California (a copy of these policies are available by written request to LeadingAge California by mail at 1315 I Street, Sacramento, CA 95814.) All sales are final. No refunds on annual membership dues.

Privacy Consent Language for LeadingAge California Communications:

Whenever I provide e-mail address(es) and fax number(s) to LeadingAge California the business and I are consenting to receive LeadingAge California communications by email and fax, including, but not limited to, conference/hotel registration notices, legislative updates, exhibitors' communications, educational opportunities and membership reminders, as well as promotions of LeadingAge California's various programs and services provided as benefits of membership.