

## **Allied Membership Application**

Application for institutes of education, students, members emeritus, in-planning providers, resident associations, individual consumers, health plans, other non-providers interested in the objectives of LeadingAge California.

Organization Nat	me:		
City:		State:	Zip:
Phone:		FAX:	Website:
Contact's Name:		Email Add	ress:
		Nonprofit 501(c)(4) $\Box$ For- the Letter must be attached to complete t	
Employees:	Full time:	Part time:	Total:
		<b>Membership</b>	Гуре
Individuals			
serving the elder	bership is available to pe		ealth care community, a retirement community or agency e field of healthcare or aging services, or if your agency
□ Student (\$20/y			
Name of School:	rovide the following:	Major:	
-	ation Date:		
Member Emer Members emerit association		lividually approved by the Leading	Age California Board of Directors for services to the
Companies			
□ Institution of I	Education (\$100/yr)	n the activities of the association.	
Regular member Facility Type:	rs who are currently under	LeadingAge California plus \$3 r construction. In-Planning member RCFE SNF Housing	ers must include the following:
Health Plan (\$ Health plan mer		provide services to seniors and phy.	sically disabled persons.
Resident Associate v		u are affiliated:	
			at supports candidates seeking public office that support nonprofit housing, contribution please submit a request in writing to info@leadingageca.org

Date:

## **How to Submit This Application**

Send this completed application to LeadingAge California at 1315 I Street, Suite 100, Sacramento, CA 85814 or email mripley@leadingageca.org. If you have questions, please contact Melanie Ripley, Director of Membership, at LeadingAge California at (916) 392-5111.

## Thank you for becoming a valued member of the LeadingAge family!

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.

<b>LeadingAge Membership includes your entire organization!</b> Please list any staff, residents/clients, board members you think would like to receive communications from LeadingAge California. (Excludes third party consultants.)			s from	Resident	Board Member
Name	Title	Email			