



inspire...serve...advocate

## Business Partner Membership Application

Company Name \_\_\_\_\_

Contact Person [Mr.] [Ms.] [Mrs.] \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Year founded: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Target Audience: \_\_\_\_\_

**Provide a brief description of products or services for inclusion in the next LeadingAge California Membership Directory (up to 30 words)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Goods and Services Provided to Senior Market:

- |                                                                     |                                                      |                                                          |
|---------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Accounting                                 | <input type="checkbox"/> Finance                     | <input type="checkbox"/> Medical/Pharmaceutical          |
| <input type="checkbox"/> Architecture/Interior Design               | <input type="checkbox"/> Flooring                    | <input type="checkbox"/> Personal Care Products          |
| <input type="checkbox"/> Building Maintenance                       | <input type="checkbox"/> Food Service/Mgmt.          | <input type="checkbox"/> Property Management/Real Estate |
| <input type="checkbox"/> Communication/Emergency Services           | <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Public Relations                |
| <input type="checkbox"/> Computer Software                          | <input type="checkbox"/> Furniture/Furnishings       | <input type="checkbox"/> Publications                    |
| <input type="checkbox"/> Construction                               | <input type="checkbox"/> Group Purchasing            | <input type="checkbox"/> Rehabilitation Services         |
| <input type="checkbox"/> Consulting                                 | <input type="checkbox"/> Health/Wellness             | <input type="checkbox"/> Safety Products                 |
| <input type="checkbox"/> Education/Training                         | <input type="checkbox"/> Housekeeping                | <input type="checkbox"/> Security/Crime Prevention       |
| <input type="checkbox"/> Emergency Call/Resident Monitoring Systems | <input type="checkbox"/> Insurance                   | <input type="checkbox"/> Staffing                        |
| <input type="checkbox"/> Emergency/Disaster Management              | <input type="checkbox"/> Internet Services/Telephone | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Employee Benefits                          | <input type="checkbox"/> Legal                       | <input type="checkbox"/> Television Services             |
| <input type="checkbox"/> Energy/Utilities                           | <input type="checkbox"/> Marketing                   | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Facility Development/Mktg.                 | <input type="checkbox"/> Medical Equipment           |                                                          |

### Choose Your Membership Level (Details on back)

- Premier Partnership ..... \$5,380
- Enhanced Membership ..... \$1,820
- Basic Membership ..... \$800

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.
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Membership amount \$ \_\_\_\_\_  Check  VISA  MasterCard  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How to Submit This Application

Send this completed application to LeadingAge California via fax at (916) 428-4250 or email at [mripley@leadingageca.org](mailto: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.

