

inspire...serve...advocate

Business Partner Membership Application

Company Name					
Contact Person [Mr.] [Ms.] [Mrs.]	rs.] Title				
Address					
City		State	Zip		
Telephone	FA	AX			
Email					
Year founded: Number of Employee	es:Tai	rget Audience:			
Provide a brief description of products or services for i					
(up to 30 words)					
Goods and Services Provided to Senior Market:	:				
□ Accounting	□ Finance		□ Medical/Pharmaceutical		
Architecture/Interior Design	□ Flooring		Personal Care Products		
Building Maintenance	🛛 Food Servi	0	Property Management/Real Estate		
Communication/Emergency Services	🔲 Fundraisin	g	□ Public Relations		
Computer Software	□ Furniture/	Furnishings	□ Publications		
	🛛 Group Pur	chasing	Rehabilitation Services		
□ Consulting	□ Health/We	llness	□ Safety Products		
□ Education/Training	🗆 Housekeep	oing	□ Security/Crime Prevention		
Emergency Call/Resident Monitoring Systems	□ Insurance		□ Staffing		
Emergency/Disaster Management	🔲 Internet Se	ervices/Telephone	Technology		
Employee Benefits	🗆 Legal		□ Television Services		
□ Energy/Utilities	□ Marketing		□ Transportation		
□ Facility Development/Mktg.	□ Medical Ec	uipment			
Choose Your Membership Level (Details on back)		100% of your dues ou	mante Leading Age California DAC (Delitical Action		
Premier Partnership	\$5.290	Committee ID#13712	of your dues supports LeadingAge California PAC (Political Action mittee ID#1371227) that supports candidates seeking public office		
 Premier Partnership Enhanced Membership 			t housing, care and services providers and the older . If you would like to opt-out of this contribution please		
□ Basic Membership			iting to info@leadingageca.org.		
*		L			
Membership amount \$ Ch			*		
Card #					
Name on card	Cardho	older's signature			
Signature:	Date:				
-	Dut				

How to Submit This Application

Send this completed application to LeadingAge California via fax at (916) 428-4250 or email at 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.

LeadingAge[®]CA

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Business Partner Membership Levels

Benefit	Basic \$800	Enhanced \$1,820	Premier Partner \$5,380	
Listing in Membership Directory	X	х	x	
Listing on website in Buyer's Guide	X	х	x	
Eligible to participate in LeadingAge California Committees	X	х	х	
Eligible to participate in LeadingAge California's Engage Communities with Guest Blog	х	x	x	
Member rates for education and meetings	X	х	x	
Access to Engage, LeadingAge California Quarterly Magazine	X	Х	x	
Invitation to attend region meetings and be a Presenter	X	х	x	
Discount on trade show booth	X	х	x	
Additional 15% discount on trade show booth		х		
Additional 25% discount on trade show booth			x	
Half page ad in Membership Directory		х		
Full page ad in Membership Directory			x	
Half page ad in four issues Engage Magazine			x	
Electronic mailing list once per year (No email addresses)		х	x	
Opportunity to Submit a Feature Article		x	x	

LeadingAge Membership includes your entire organization!

Please list any staff, residents/clients, board members you think would like to receive communications from LeadingAge California. (Excludes third party consultants.)

Name	Title	Email		

Resident

Staff

Board Member