

# 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 Name: \_\_\_\_\_

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

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

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

Primary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Status:\*    Nonprofit 501(c)(3)    Nonprofit 501(c)(4)    For-profit

\*Note: A copy of the IRS Determination Letter must be attached to complete this application.

Number of Employees:    Full time: \_\_\_\_\_    Part time: \_\_\_\_\_    Total: \_\_\_\_\_

## Membership Type

### Individual (\$200/yr)

Individuals membership is available to persons who are not employed in a health care community, a retirement community or agency serving the elderly.

### Student (FREE)

This is a separate application. Visit [leadingage.org/student-membership-application](http://leadingage.org/student-membership-application) to apply.

### Associations (\$100/yr)

Association serving or supporting older adults and physically disabled persons.

### Health Plan (\$1,000/yr)

Health plan membership is for plans that provide services to seniors and physically disabled persons.

### In-Planning Provider (\$495 year for LeadingAge California plus \$350 for LeadingAge National)

Regular members who are currently under construction. In-Planning members must include the following:

Facility Type:    CCRC    MLRC    RCFE    SNF    Housing    HCBS

Expected completion date: \_\_\_\_\_

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.

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](mailto:info@leadingageca.org).

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

## How to Submit Your Allied Membership Application

Send this completed application by email to [membership@leadingageca.org](mailto:membership@leadingageca.org) or by mail to LeadingAge California, 1315 I Street, Suite 100, Sacramento, CA 95814.

If you have questions, please contact Melanie Ripley, Vice President of Membership, at [membership@leadingageca.org](mailto:membership@leadingageca.org).

*Thank you for your interest in becoming a valued member of the LeadingAge family!  
Once your membership is approved, an invoice will be generated for your payment.*

### Membership includes your entire organization!

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

Name	Title	Email