Allied Educational Organization Membership Application

Application for institutes of education interested in the objectives of LeadingAge California.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Contact Name: _____ Email: _____

Membership Type

Institute of Education ($500/yr)

What Type of Teaching Organization?

- ☐ Accredited Institution
- ☐ College
- ☐ Community College
- ☐ Distance Learning (Online) University
- ☐ HBCU
- ☐ Hispanic-Serving
- ☐ Land-Grant
- ☐ Minority Serving Institution
- ☐ Polytechnic
- ☐ Professional School
- ☐ Religiously Affiliated
- ☐ Seminary or Divinity School
- ☐ Tribal College/University
- ☐ Vocational/Trade School/Institute of Technology
- ☐ Work College

Number of Students: _____

Number of Teachers: _____

Years Founded: _____

States Where You Operate: _____

Cities/Regions Where You Operate: _____

How to Submit This Application

Annual Dues: $500

Submit this application and payment to LeadingAge California, 1315 I St., Ste. 100, Sacramento, CA 95814.

- **To pay by check:** Make check payable to LeadingAge California.

Questions? Contact Melanie Ripley, VP of Membership, at LeadingAge California at membership@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.

Signature: _____ **Date:** _____

Membership includes your entire organization!

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

Name	Title	Email