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: _____

Membership Type

☐ **Association**

Association serving or supporting older adults and physically disabled persons.

☐ **Health Plan**

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

☐ **Institute of Education**

What Type of Teaching Organization?

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

Number of Students: _____

Number of Teachers: _____

Years Founded: _____

States Where You Operate: _____

Cities/Regions Where You Operate: _____

Annual Dues: $500 (Dues Cycle is January 1 - December 31)

Please submit a completed application to membership@leadingageca.org.

- Upon approval of your application, an invoice will be generated for payment

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:** _____