



inspire...serve...advocate

Allied Membership Application

Application for institutes of education, students, members emeritus, in-planning providers, resident associations, individual consumers and consultants, health plans, media, other non-providers interested in the objectives of LeadingAge California.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Website: _____

Contact's Name: _____ Email Address: _____

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

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

Employees: Full time: _____ Part time: _____ Total: _____

Membership Type

Individuals

Associate (\$100/yr)

Individual membership is available to persons who are **not employed** in a health care community, a retirement community or company serving older adults. If you serve older adults in any capacity as a company, complete a Business Partner Application.

Student (\$20/yr)

Students must provide the following:

Name of School: _____ Major: _____

Expected Graduation Date: _____

Member Emeritus (\$100/yr)

Members emeriti are lifetime members individually approved by the LeadingAge California Board of Directors for services to the association

Companies

Institution of Education (\$100/yr)

Educational institutions with an interest in the activities of the association.

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: _____

Health Plan (\$100/yr)

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

Media (\$100/yr)

what is the name of your publication/platform? _____

who is your audience? _____

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

Signature: _____ Date: _____

