

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. Contact LeadingAge California if you are employed in the field of healthcare or aging services, or if your agency provides direct services to seniors.

Student (FREE)

This is a separate application. Visit leadingage.org/student-membership-application to apply.

Associations (\$100/yr)

Association serving or supporting older adults and physically disabled persons.

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 (\$500/yr)

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

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: _____

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.

