Allied Educational Organization Membership Application



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

Organization Name:			
Address:			
City:			
Phone: Fax:		Vebsite:	
Primary Contact Name:	Email:		
Membership Type			
Institute of Education (\$100/yr)			
What Type of Teaching Organization?			
Accredited Institution	Hispanic-Serving	Religiously Affiliat	ed
College	Land-Grant	Seminary or Divinity School	
Community College	Minority Serving Institution	Tribal College/Uni	versity
Distance Learning (Online) University	Polytechnic	Vocational/Trade S	School/Institute of Technology
НВСИ	Professional School	Work College	
Number of Students:			
Number of Teachers:			
Years Founded:			
States Where You Operate:			
Cities/Regions Where You Operate:			
Signature:	Date:		
How to Submit This Applicati	on		
Annual Dues: \$200			
Submit this application and payment to Leading	Age California, 1315 I St., Ste. 100. Sa	cramento, CA 95814 or	email mriplev@leadingageca.org.
To pay by check: Make check payable to Le	· ·		
- 10 pay by check: Make check payable to Le	aungage Camornia.		
Ouestions? Contact Melanie Ripley VP of Mer	nbership, at Leading Age California a	rt (916) 392-5111	

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 Leading Age California Communications: Whenever I provide e-mail address(es) and fax number(s) to Leading Age California the business and I are consenting to receive Leading Age California communications by email and fax, including, but not limited to, conference/hotel registration notices, legislative updates, exhibitors' communi $cations, educational\ opportunities\ and\ membership\ reminders,\ as\ well\ as\ promotions\ of\ Leading\ Age\ California's\ various\ programs\ and\ services\ provided\ as\ benefits\ of\ membership.$

Leading Age 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