## **Business Partner Membership Application**



Company Name:				
Contact Person:	Γ	Title:		
Address:				
City:		State:	Zip:	
Phone: Fax:			r ·	
Email:		Website:		
Year Founded: Number of E				
			Audience:	
Provide a brief description of products or services:				
		<del> </del>		
Select Your Goods & Services Prov	ided to Senior Mark	et:		
Accounting	Finance	Med	lical/Pharmaceutical	
Architecture/Interior Design	Flooring		sonal Care Products	
Building Maintenance	Food Service/Mgmt.		perty Management/Real Estate	
Communication/Emergency Services	Fundraising		lic Relations	
Computer Software	Furniture/Furnishings		Publications	
Construction	Group Purchasing		Rehabilitation Services	
Consulting	Health/Wellness		Safety Products	
Education/Training	Housekeeping		Security/Crime Prevention	
Emergency Call/Resident Monitoring Systems	Insurance		•	
Emergency/Disaster Management	Internet Services/Telephone		Staffing Technology	
Employee Benefits	Legal		Television Services	
Energy/Utilities	Marketing		Transportation	
Facility Development/Mktg.	Medical Equipment	1141	isportation	
Are you a member of LeadingAge (national) or other	r LeadingAge state affiliate asso	ociations? Ye	s No	
If so, which ones?				
Annual Membership Dues:				
\$1,023 - Basic Business Partner Membership				
\$5,835 – Premier Business Partner Membership (	details on page 2)			
Membership Amount: \$ Che	ck (Make check payable to Leadin	gAge California)		
Submit this application and payment to LeadingAge Calif	• •		email mriplev@leadingageca org	

Questions? Contact Melanie Ripley, Vice President of Membership, LeadingAge California at mripley@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, Sacra-

## mento, 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 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.

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.

## **Business Partner Benefits**

## **Basic & Premier Levels**



VALUE	BASIC \$1,023	PREMIER \$5,835
Listing in LeadingAgeCA Membership Directory	•	
Ability to search all members in LeadingAgeCA online directory	•	•
Member rates for LeadingAgeCA meetings & education offerings	•	
Ability to attend regional meetings in nine (9) regions	•	•
Link to vendor's website in LeadingAgeCA Buyer's Guide	•	
Standard Booth at LeadingAgeCA Annual Conference & Expo		•
Special recognition in conference marketing and onsite materials		
Two (2) invites to Executive Connect event		•
Access to exclusive networking receptions		
Opportunity to develop educational programming		•
Half-page ad in LeadingAgeCA Membership Directory		
Recognition on LeadingAgeCA website with logo and link to your website		•
Electronic mailing list once a year (includes email addresses)		
Eligible to participate in LeadingAgeCA committees		•

Learn more at www.leadingageca.org/membership/business