



Membership Application

Associate Membership

Thank you for your interest in membership with LeadingAge New York! Please complete this application and forward it to LeadingAge New York. Your application will be forwarded to the membership committee for review. You may be contacted for more information. If you have any questions, please contact Earl Gifford at (518) 867-8383 extension 149 or egifford@leadingageny.org. Upon approval by the committee, all services will begin immediately.

Please attach payment to application or use the easy payment link next to your choice of membership to pay by credit card now.

General Information

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____ *E-mail: _____

Web Address: _____

Products/Services: _____

** Information from LeadingAge New York is sent primarily via e-mail, so please indicate the e-mail address where you would like to receive information in a **timely** manner.*

**Cell phones are used during conference by LeadingAge and LeadingAge New York to share information and updates.*

I understand associate and associate plus membership entitles me to most privileges and services of LeadingAge New York. Membership does not constitute an endorsement of my products or services. I further understand that *membership can only be terminated by sending a letter requesting* termination of benefits to the attention of LeadingAge New York's accounting department. I understand that non-payment of dues does not constitute a notification of termination and that any dues or other expenses incurred prior to receipt of the letter requesting termination of benefits will be the responsibility of the member. My signature indicates that I understand and agree to LeadingAge New York's notification of termination policy. I also hereby acknowledge that neither I, nor my organization, have a 10 percent or greater ownership in a proprietary provider facility or agency.

Signed: _____ Date: _____

Please mail or email your application to:

Membership Committee, LeadingAge New York, 13 British American Blvd., Suite 2, Latham, N.Y. 12110-1431.

Applications may be emailed to: egifford@leadingageny.org.

Associate Membership Rates and Benefits

Please check one:

- ☐ **Individual Associate Membership \$700**
(fixed to one individual)
- ☐ **Associate Plus Membership \$1,200**
(may float to another individual for use)
- ☐ **Corporate \$2,400**
(Four memberships fixed to four individuals)

Note: if joining after 7/1, dues are prorated to \$350 for the balance of the year.

Benefits of Membership:

- Your company's listing in the annual Membership Directory
- Solutions Newsletter-**Plus and Corporate only**
- Member Intelligence Meetings- **Plus and Corporate only**
- Business Solutions Online Gallery Listing-**Plus and Corporate only**
- Discounted rates for exhibit space, events and education
- Publications
- Listing on LeadingAge New York Web site
- Member contact list (annually)
- Website access to members-only information
- Presentation opportunities: Knowledgeable staff will work with you to identify and develop topics of interest to members to increase your visibility in the marketplace
- Link on the LeadingAge New York website with standard listing
- Abundant networking opportunities

For Corporate Membership Only:

Person # 2 Name: _____

Title: _____

Phone: _____ **Fax:** _____ ***E-mail:** _____

Person # 3 Name: _____

Title: _____

Phone: _____ **Fax:** _____ ***E-mail:** _____

Person # 4 Name: _____

Title: _____

Phone: _____ **Fax:** _____ ***E-mail:** _____