

**Southwestern Pennsylvania Partnership for Aging
2016 Individual Membership Application**

Name: _____ Title: _____

How did you hear about SWPPA? _____ Advertising _____ Website _____ Email
_____ SWPPA member (specify) _____ Other (specify) _____

Organization Name (if applicable): _____

**Please estimate the number of Unduplicated Older Adults Served by your Organization
Yearly** _____ (This information is necessary for applying for grants and speaking with legislators)

Organization Website Address: _____

My organization is a: _____ Non-Profit _____ For-Profit _____ Government Org. _____ Not Applicable
_____ Other (please explain) _____

Member's Preferred Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Please indicate another zip code for legislative district (home or work): _____

Please indicate any of your professional affiliations (i.e. American Society on Aging):

Signature: _____ Date: _____

See attached pages for an explanation of membership categories for 2015

I am registering as a: _____ new member _____ renewing member

| | |
|--|-------------|
| _____ Individual Membership | \$85/year |
| _____ Individual Membership -- Retired | \$50/year |
| _____ Individual Membership -- Full time student | \$30/year |
| _____ Sustaining Individual Membership | \$1000/year |
| _____ SWPPA Ambassador | \$2500/year |

If you do not have e-mail, please add \$20.00 to the membership fee

Please return this form along with your check for membership dues to:

Southwestern PA Partnership for Aging~1323 Freedom Rd., Cranberry Township, PA.16066

Questions or Concerns? Call 724-779-3200 or e-mail info@swppa.org

Please make checks payable to SWPPA

For Office Use Only: User Name _____ Password _____