

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

Name: _____ Title: _____
Organization Name (if applicable): _____
Are you the organization's primary contact? Yes No (contact name : _____)

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

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

Organization Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
Phone: _____ Fax: _____

Please list each person of your organization who will be a SWPPA member:

Name	Title	Email	Affiliations	Home/Alt. Zip Code

Please attach a page with additional member information using the column titles above

Signature: _____ Date: _____

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

See attached pages for an explanation of membership categories for 2015

I am registering as a: new member renewing member
 Organizational Membership \$250/year \$500/year \$ 750/year
 Sustaining Organizational Membership \$1500/year
 SWPPA Ambassador \$2500/year
 Corporate Partner \$5000/year

Organization Website Address: _____

May SWPPA have permission to link to the above website from www.swppa.org? Yes No
(For Ambassador, Sustaining & Organizational Members Only)

Please invoice me at the above address

I am returning this form with a check for membership dues

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

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

Please make checks payable to SWPPA

For Office Use Only: User Name _____ Password _____