

1323 Freedom Rd., Cranberry Township, PA, 16066

2019 ORGANIZATION MEMBERSHIP APPLICATION

The Southwestern Pennsylvania Partnership for Aging (SWPPA) is a 29-year-old, volunteer-led organization with a mission to serve as a catalyst to promote policy, program and systems change that improves quality of life for older adults. SWPPA was created as a neutral forum for collaboration, information sharing, discussion and formulation of aging policy recommendations. SWPPA offers both individual and organizational/business memberships. Members include organizations and businesses, as well as individual members such as civic leaders, business owners, medical professionals, scholars, professionals in aging services, students and residents of all ages. SWPPA engages its members via education, training, advocacy, networking and collaborative efforts.

Memberships are annual and run on a calendar-year basis, beginning January 1 and ending December 31.

Organization Information

Organization Name:

Mailing Address:

City: State: Zip: County:

Website: May we list and link to your organization on the SWPPA website? Yes No

Twitter: Facebook:

Number of Unduplicated Clients Your Organization Serves:

Primary Contact Name: Primary Contact Title:

Phone: Email:

Membership Information

Our organization is a: New Member Renewing Member

Membership Type

(please see Membership Information page for an explanation of categories)

- Level 1 - \$250
- Level 2 - \$500
- Level 3 - \$750
- Sustaining - \$1,500
- Ambassador - \$2,500
- Corporate Partner - \$5,000

Signature (*electronic signature is acceptable*):

Date:

To pay by credit card, visit SWPPA's website, www.swppa.org

To pay by check, return this form along with your check payable to SWPPA 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

Additional Contacts

All Levels

Levels II, III, Sustaining, Ambassador, & Partner
Level III, Sustaining, Ambassador, & Partner

Individual Member 1

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 2

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 3

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 4

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 5

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 6

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 7

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 8

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 9

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 10

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 11

Name: _____ Title: _____

Phone: _____ Email: _____

I am interested in learning more about how to be involved in the following committee(s):

- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 12

Name: _____ Title: _____

Phone: _____ Email: _____

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- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 13

Name:

Title:

Phone:

Email:

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Individual Member 14

Name:

Title:

Phone:

Email:

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- Age Friendly Dementia Friendly Education Membership Policy & Advocacy

Individual Member 15

Name:

Title:

Phone:

Email:

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