

461 Cochran Road #246, Pittsburgh, PA 15228

## ORGANIZATION MEMBERSHIP APPLICATION

### Membership Drive Pricing

#### Organization Information

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Website: \_\_\_\_\_ Counties Served: \_\_\_\_\_

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

How many employees does your organization have? \_\_\_\_\_ How many volunteers? \_\_\_\_\_

Twitter: \_\_\_\_\_ LinkedIn: \_\_\_\_\_ Facebook: \_\_\_\_\_

Number of the Unduplicated Clients Your Organization Serves: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

#### Membership Information

Our organization is a:                      New Member                      Renewing Member

#### Membership Type (includes 10% discount)

##### Standard (Budget-based)

\$249,999 and under	\$270	\$5M - 9,999,999	\$630
\$250K - 499,999	\$360	\$10M - 49,999,999	\$900
\$500K - 999,999	\$450	\$50M and over	\$1,800
\$1M - 4,999,999	\$540		

##### Enhanced

Ambassador	\$3,150	Corporate Partner	\$4,500
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Signature (*electronic signature is acceptable*):

Date:

To pay by credit card, visit SWPPA's website, [www.swppa.org](http://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-461 Cochran Road #246, Pittsburgh, PA 15228  
Questions or Concerns? Call 412-467-6564 or e-mail [info@swppa.org](mailto:info@swppa.org)

### Designated Members

Each organization is asked to designate 5 people who will represent the organization to receive communications and to participate in SWPPA's governance.

#### Designated 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  
Friend and Fundraising

#### Designated 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  
Friend and Fundraising

#### Designated 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  
Friend and Fundraising

#### Designated 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  
Friend and Fundraising

#### Designated 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  
Friend and Fundraising