

461 Cochran Road #246, Pittsburgh, PA 15228

ORGANIZATION MEMBERSHIP APPLICATION

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:	C	ounties Served:						
May we list and link to your	organization on th	e SWPPA Website?	Yes No					
How many employees does y	our organization h	nave? Ho	w many volunteers?					
Twitter: LinkedIn:			cebook:					
Number of the Unduplicated	l Clients Your Orga	nization Serves:						
Primary Contact Name:		Primary Contact	t Title:					
Phone:	Email: _							
Referred By:								
	Membersh	ip Information						
Our organization is a:	New Member	Renewing	g Member					
	Membe	ership Type						
	<u>Standard (</u>	Budget-based)						
\$249,999 and under	\$300	\$5M - 9,999,999	\$700					
\$250K - 499,999	\$400	\$10M - 49,999,999	\$1,000					
\$500K - 999,999	\$500	\$50M and over	\$2,000					
\$1M - 4,999,999	\$600							
	Enhanced							
Ambassador	\$3,500	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~461 Cochran Road #246, Pittsburgh, PA 15228 Questions or Concerns? Call 412-467-6564 or e-mail 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.

	L	Designated Mem	iber i		
Name:		Title:	·		
Phone:			Email:		
I am int	erested in learning more	about how to be ir	nvolved in the following	committee(s):	
	Dementia-Friendly		-		
	C	Designated Mem	iber 2		
Name:		Title:			
Phone:		Email	l:		
l am inte	erested in learning more	about how to be ir	nvolved in the following	committee(s):	
Age-Friendly	Dementia-Friendly	Education	Membership	Policy & Advocacy	
	D	Designated Mem	ıber 3		
Name:		Title:			
Phone:		Email	l:		
Lom int	erested in learning more	about how to be in	wolved in the following	committee(s):	
	-		-		
Age-1 Hendly	Dementia-Friendly	Luucation		FULLY & AUVOCACY	
Age-Thendty	-		·	Folicy & Advocacy	
	C	Designated Mem	iber 4		
Name:	C	Designated Mem Title:	iber 4		
Name:	C	Designated Mem Title:	iber 4		
Name: Phone:	C	Designated Mem Title: Email	iber 4		
Name: Phone: I am inte	C	Designated Mem ——— Title: ——— Email about how to be ir	iber 4	committee(s):	
Name: Phone: I am inte	erested in learning more Dementia-Friendly	Designated Mem ——— Title: ——— Email about how to be ir	ber 4	committee(s):	
Name: Phone: I am inte Age-Friendly	erested in learning more Dementia-Friendly	Designated Mem — Title: — Email about how to be in Education Designated Mem	iber 4 	; committee(s): Policy & Advocacy	
Name: Phone: I am inte Age-Friendly Name:	erested in learning more Dementia-Friendly	Designated Mem — Title: — Email about how to be in Education Designated Mem — Title:	iber 4 i nvolved in the following Membership iber 5	; committee(s): Policy & Advocacy	
Name: Phone: I am inte Age-Friendly Name: Phone:	erested in learning more Dementia-Friendly	Designated Mem Title: Email about how to be in Education Designated Mem Title: Email	iber 4 nvolved in the following Membership iber 5	committee(s): Policy & Advocacy	
Name: Phone: I am inte Age-Friendly Name: Phone:	erested in learning more Dementia-Friendly	Designated Mem Title: Email about how to be in Education Designated Mem Title: Email	iber 4 	committee(s): Policy & Advocacy	

All Levels

What Would you Like to See SWPPA Focus on This Year?