

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: _____ 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

Standard (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
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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.

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

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

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

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

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

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