



Membership Application

Organization Name: _____

Address: _____

Representative(s): _____ Email: _____ Phone: _____

Are you: ☐ Non-Profit ☐ Government Entity/Other

Are you an Advisory Member? ☐ Yes ☐ No

Please select agree to the following:

Organization Members pay \$550 in annual membership dues and agree to place a hyperlink on their home pages. *Advisory Members are invited to pay the annual \$550 membership dues.*


☐ Check to agree

Collaborative members service on one or more committees of their choosing

☐ Check to agree

Which committee(s) would you like to join?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Food Security & Nutrition | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Elder Abuse Prevention | <input type="checkbox"/> Healthcare |



Please describe your work with older adults including numbers served annually:

Please submit completed application with a copy of your 501(3) status to Jocelyn Rubio at
jocelyn.rubio@alzoc.org