

**1323 Freedom Rd., Cranberry Township, PA, 16066**

### ORGANIZATION MEMBERSHIP APPLICATION

The Southwestern Pennsylvania Partnership for Aging (SWPPA) is a 30-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

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

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~1323 Freedom Rd., Cranberry Township, PA 16066

Questions or Concerns? Call 724-779-3200 or e-mail [info@swppa.org](mailto: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:

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 13

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 14

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 15

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