

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.

		Organiza	tion Information				
Organization Nam	ne:						
Mailing Address:							
City:		State:	Zip:	County:			
Website:			May we list and link website? ☐ Yes	to your organizatio	on on the SWPPA		
Twitter:			Facebook:				
Number of Undup	olicated Clients	Your Organization	n Serves:				
Primary Contact Name:		Primary Conta	ct Title:				
Phone:		Email:					
		Members	ship Information				
Our organization is a: New Member		w 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 Wou	ld you Like to S	See SWPPA Focus	on this Year?			
Signature (alactron	nic signaturo is acco	untahla):		Date:			

To pay by credit card, visit SWPPA's website, www.swppa.org

Signature (electronic signature is acceptable):

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

Additional Contacts

Individual Member 1

		Name:		Title:		
		Phone:		Email:		
		I am interested ☐ Age-Friendly	d in learning more about h Dementia-Friendly	now to be involve □ Education	ed in the following o	committee(s): Policy Advocacy
S		Name:	Individ	lual Member 2 Title:		& Advocacy
evel		Phone:		Email:		
All Levels	Partner	□ Age-Friendly	earning more about how to Dementia-Friendly		the following com	mittee(s): □ Policy & Advocacy
	Par		Individ	Individual Member 3		
		Name:		Title:		
	sado	Phone:		Email:		
	Sustaining, Ambassador, 8.	I am interested in learning more about how to be involved in the following committee(s): □ Age-Friendly □ Dementia-Friendly □ Education □ Membership □ Policy & Advocac				
		o o	Individual Member 4 Title:			anavoday
	Sust	Name:		Email:		
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	Levels	Name:	Individ	lual Member 5 Title:		& Advocacy
		Phone:		Email:		
		I am interested ☐ Age-Friendly		now to be involved. Education	w to be involved in the following committee(s Education Membership Policy & Advoc	
		Name:	Individ	lual Member 6 Title:		
		Phone:		Email:		
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Name:	Individua	al Member 7 Title:			
Phone:		Email:			
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I am interested in learning more about how to be involved in the following committee(s): ☐ Age-Friendly ☐ Dementia-Friendly ☐ Education ☐ Membership ☐ Policy & Advoca					
Name:	Individua	al Member 8 Title:		artavocacy	
Phone:		Email:			
I am interested in learning more ☐ Age-Friendly ☐ Dementia-Friendly				committee(s): Policy Advocacy	
Individual Member 9 Name: Title:					
Phone:		Email:			
I am interested in learning more ☐ Age-Friendly ☐ Dementia-Friendly				committee(s): Policy Advocacy	
Name:	Individua	l <mark>Member 10</mark> Title:		a navocacy	
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:	1	Email:			
I am interested in learning more about how to be involved in the following committee(s): ☐ Age-Friendly ☐ Dementia-Friendly ☐ Education ☐ Membership ☐ Policy					
Individual Member 12 & Advocacy					
Name:	-	Title:			
Phone:	I	Email:			
I am interested in learning more ☐ Age-Friendly ☐ Dementia-Friendly				committee(s): Policy & Advocacy	

Individual Member 13 Name: Title: Email: Phone: I am interested in learning more about how to be involved in the following committee(s): ☐ Policy ☐ Age-Friendly \square Dementia-Friendly \square Education ☐ Membership & Advocacy Ambassador & Partner Individual Member 14 Title: Name: 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 Title: Name: Phone: Email: I am interested in learning more about how to be involved in the following committee(s): ☐ Membership \square Dementia-Friendly \square Education ☐ Age-Friendly ☐ Policy

& Advocacy