

CORPORATE PARTNER APPLICATION

AGING (ife CARE™)
ASSOCIATION

A one-time \$25 application fee is required. Annual partnership fees are effective from January to December of each calendar year. Please visit our website for more information and details on Bronze, Silver, Gold, and Platinum Partnership Levels.

Company Name

Mailing Address

City State /Province Zip Country

Phone Fax

Website

Name of 1st Company Representative Email

Name of 2nd Company Representative Email

Name of 3rd Company Representative Email

All representatives are eligible to receive Corporate Partner Benefits.

ADDITIONAL INFORMATION

Please provide the following information, which will be included in your listing on our website. Electronic format is preferred for all the documentation listed below. Please email to jwagner@aginglifecare.org.

1. A 25-40 word (maximum) description of the products or services your company offers, which will be used for your Find a Corporate Partner website listing.
2. Company Logo (jpeg or gif)
3. Website Link

Corporate Partner Web Listing Categories - Choose One:

- Care Manager Business Products and Services
- Education
- End-of-Life Services
- Healthcare Products and Services
- Home Care Agencies
- Legal, Fiduciary and Financial Services
- Realty, Relocation and Design
- Senior Living

CHAPTER PARTICIPATION (included)

You will automatically be assigned to an ALCA Chapter, based on your business address (Chapters listed to the right). If you wish to participate in a different chapter, please indicate here: _____

Chapter participation is included in your Partner Fees. However, if you wish to participate in an additional chapter(s), cost for each additional chapter is \$50. Please list additional chapters here: _____

Florida: Florida, Puerto Rico, Virgin Islands

Mid-Atlantic: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Midwest: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, Ontario

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Quebec

New Jersey

New York

Southeast: Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee

South Central: Arkansas, Louisiana, Oklahoma, Texas

Western Region: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, British Columbia

CORPORATE PARTNER CATEGORY DESCRIPTION

CORPORATE PARTNER – A non-voting industry supporter of ALCA who is not primarily in the direct practice of Aging Life Care/care management as defined by ALCA, but has an interest in the field including elder law attorneys, physicians, educators, researchers, employees of home health agencies, nursing homes, assisted living facilities, manufacturers or distributors of durable medical equipment or other products or services related to the care of elders. Partnerships may include up to three company representatives. Please visit our website at aginglifecare.org for details on Bronze, Silver, Gold, and Platinum Partnership levels.

Send your application to:

ALCA
Attention: Corporate Partner Program
3275 W. Ina Road, Suite 130
Tucson, AZ 85741
p 520.881.8008
f 520.325.7925
jwagner@aginglifecare.org

Please read and check each box to indicate agreement with these conditions:

- I certify that the statements herein are correct.
- I understand that my application will not be processed until payment is received by ALCA.
- I understand that the company contact information provided will be published in the Find a Corporate Partner listing on the website.
- Please process this application at the following level
 - Partner (\$515) Bronze (\$2,000) Silver (\$5,000) Gold (\$10,000) Platinum (\$15,000)
- Partnership fee and \$25.00 application fee are included with this application.

Signature _____

Printed Name _____

Date _____

Payment: Check enclosed VISA/MC/AMEX # _____ Exp. _____

Cardholder's Name (please print) _____

Signature _____

Total Enclosed (Partnership + \$25 application fee): _____

How did you hear about us?

- Member-get-a-Member Program/Referred by ALCA Member _____
- Internet Employer Colleague _____ Conference Other _____