

# ACADEMIC PARTNER APPLICATION

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 mid-year rates and more information.

**I am applying for Partnership at the following category:**

- Individual Partner \$125/year     Institutional Partner \$250/year

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Educational Institution/Program

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Mailing Address

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City	State /Province	Zip	Country
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Phone	Fax
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Website	Facebook/Twitter/Instagram/LinkedIn
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Name of 1st Representative	Email
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Name of 2nd Representative (Institutional Partner only)	Email
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Name of 3rd representative (Institutional Partner only)	Email
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## ADDITIONAL INFORMATION (Institutional Partner Only)

If applying at the Institutional level, please provide the following information. Electronic format is preferred for all the documentation listed below. Please email to [jwagner@aginglifecare.org](mailto:jwagner@aginglifecare.org).

1. A 25-40 word (maximum) description of the educational program your institution offers. This will be used for your Academic Partner website listing.
2. Institution or Program Logo (jpeg or gif)
3. Website Link

## 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

## ACADEMIC PARTNER CATEGORY DESCRIPTION

**ACADEMIC PARTNER (AP)** – A non-voting industry supporter of ALCA that is not in the direct practice of Aging Life Care/care management as defined by the Aging Life Care Association (ALCA), but is an accredited educational institution providing academic programs in a field or fields related to Aging Life Care™ / care management, including but not limited to counseling, gerontology, mental health, nursing, occupational therapy, physical therapy, psychology, or social work. Individual and Institutional Academic Partnerships available. Institutional Partnerships may include up to three representatives. Please visit our website at [aginglifecare.org](http://aginglifecare.org) for details.

### Send your application to:

ALCA  
Attention: Academic Partner Program  
3275 W. Ina Road, Suite 130  
Tucson, AZ 85741  
p 520.881.8008  
f 520.325.7925  
[jwagner@aginglifecare.org](mailto: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 for Institutional level partners the organization contact information provided will be published in the Find a Partner listing on the website.
- Please process this application at the following level
  - Individual Partner (\$125)
  - Institutional Partner (\$250)
- Partnership fee and \$25.00 application fee are included with this application.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
Payment: <input type="radio"/> Check enclosed	<input type="radio"/> 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 \_\_\_\_\_