

# ADMINISTRATIVE PARTNER APPLICATION

**AGING (ife CARE)**  
ASSOCIATION

A one-time \$25 application fee is required. Annual partnership fees (\$125) are effective from January to December of each calendar year. Please visit our website for mid-year rates and more information.

First Name / Last Name

Company Name

Employer/Supervisor (must match that of the current ALCA Member)

Mailing Address

Phone

Fax

Email

## 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

## DESCRIPTION

**ADMINISTRATIVE PARTNER** – A non-voting industry supporter of the Aging Life Care Association (ALCA) who is a non-practicing professional (such as marketing staff and administrators) who are part of an Aging Life Care™ business.

### Send your application to:

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

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

- I certify that the statements herein are correct.
- I have read the ALCA Standards of Practice and Code of Ethics at [aginglifecare.org](http://aginglifecare.org) and acknowledge my commitment to assist the ALCA member and/or business that I am employed by to adhere to the same.
- I understand that Administrative Partner status is only applicable as long as my employer continues to be a current/active member of ALCA.
- I understand that Administrative Partner status is transferrable by my employer to other eligible staff.
- I understand that my application will not be processed until payment is received by ALCA.
- Partnership fee and \$25.00 application fee are included with this application.

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Signature

Printed Name

Date

Payment:  Check enclosed  VISA/MC/AMEX # \_\_\_\_\_ Exp. \_\_\_\_\_

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Cardholder's Name (please print)

Signature

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

**Member-get-a-Member Program:** The successful processing of this application automatically applies one credit towards the Member-get-a-Member Program for the member indicated as Employer/Supervisor on page one of this application.