

AFFILIATE PARTNER APPLICATION

A one-time \$25 application fee is required. Annual partnership fees (\$220) are effective from January to December of each calendar year. Please visit our website for mid-year rates and more information.

Please print clearly or type.

First Name	Middle Initial	Last Name
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Company Name

Mailing Address	City	State /Province	Zip/Postal Code
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Phone	Email
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DOCUMENTATION REQUIRED

Processing of your application will not begin until ALCA receives all documents.

1. One letter verifying employment working directly with clients in a paid position in, or adjacent to, the Aging Life Care management space OR confirming position as an executive of an Aging Life Care management business.
2. Copy of degree(s) or transcript(s)**

***A minimum of five years of full-time paid professional experience may be submitted in lieu of a degree. This experience must be documented in a resume, including dates, duties, and responsibilities.*

ACADEMIC HISTORY/CREDENTIALS/LICENSE

Degree/Credential	Major	Year Completed
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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 \$55. 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

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

DESCRIPTION

An Affiliate Partner is a non-voting industry supporter of the Aging Life Care Association® (ALCA) who is currently working directly with clients in a paid position in or adjacent to the Aging Life Care management space, or an executive of an Aging Life Care Business.

Send your application to:

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

DEMOGRAPHICS *(This optional information is for internal purposes only and will have no impact on your eligibility for partnership)*

Birthdate (MM/DD/YYYY): ____/____/____

GENDER Female Male Gender non-binary/non-conforming Prefer not to answer

RACE/ETHNICITY African American Asian Caucasian Hispanic Native American
 Other _____ Prefer not to answer

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

- I certify that the statements herein are correct.
- I am currently working directly with clients in a paid position in or adjacent to the Aging Life Care management space, or am an executive of an Aging Life Care Business
- I acknowledge that I have read and will adhere to the ALCA Code of Ethics and Standards of Practice at aginglifecare.org.
- I understand that my application will not be processed until payment is received by ALCA.
- I have read and accept the ALCA Standards of Practice and Code of Ethics at aginglifecare.org.
- Partnership fee and \$25.00 application fee are included with this application.

Signature

Printed Name

Date

Multiple ALCA members work for my employer/company.

Partner Dues: _____

I work for a 501(c)(3) and have deducted 10% from my dues (discount does not apply to application fee).

Extra Chapters (\$55/each): _____

Discount(s): _____

PAYMENT

Check enclosed

Application Fee (\$25): _____

VISA/MC/AMEX# _____

TOTAL DUE _____

Exp. _____ CVV _____ Billing Zip _____

Cardholder's Name (please print)

Signature

How did you hear about us?

Referred by ALCA Member / ALCA Partner _____

Internet Employer Colleague _____ Conference Other _____