



NYS Coalition for the Aging, Inc. 2013 Membership Application Form

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: (____) _____ FAX: (____) _____

Email _____ Website: _____

~ All advocacy alerts are sent by email, please print your email address clearly~

How many seniors do you or your organization represent? _____

(This information is very important to our advocacy efforts, please include your most updated information.)

Would you be willing to serve on the NYSCA Board _____ or on a committee _____?

<u>Membership Categories</u>		Dues:
Government Agencies		\$ 100.00
Not for Profit Organization (Budget < \$500,000)		\$ 100.00
Not for Profit Organization (Budget > \$500,000)		\$ 150.00
For Profit Business Supporter		
Bronze		\$ 200.00
Silver		\$ 500.00
Gold		\$1000.00
* Individual		\$ 75.00
* Senior (age 60+)		\$ 20.00
* Student		\$ 20.00
<i>* Not eligible for organizational discounts on trainings & other events.</i>		

Joining as, please check one category:

Membership Category			
Government	_____	Individual	_____
Not for Profit	_____	Senior	_____
For Profit	_____	Student	_____

Dues: Amount Enclosed: \$ _____ Make your check payable to NYSCA.

Mail membership applications and payment to:

NYS Coalition for the Aging, Inc.
1450 Western Avenue, Ste. 101
Albany, NY 12203
Phone: 518.765.2790 / Fax: 518.463.8656
www.coalitionforaging.org