



# NYS Coalition for the Aging, Inc. 2010 Membership Application Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website: \_\_\_\_\_

How many seniors do you or your organization represent? \_\_\_\_\_

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 &amp; 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.  
 45 Colvin Avenue  
 Albany, NY 12206  
 Phone: (518) 465-0641 Fax: (518) 465-0405  
[www.coalitionforaging.org](http://www.coalitionforaging.org)