

Corporate Membership Application



****Please note: All delegates are required to pass a background check before submitting a membership application. For more information, please visit <http://www.ageinplace.org/About-Us/Become-a-Member>**

Corporate Membership—\$375

An individual employed by a corporation that provides a product or service that enables seniors to age in place. A corporate membership provides membership access and service provider listings for three individuals (delegates).

Additional Delegates—\$100

If your company already has three corporate delegates, additional delegates can be added for \$100/delegate. Please indicate the number of delegates in the payment section of this form, as well as complete contact information for each additional delegate on Page 2.

Local Chapter

Each delegate can become a member of a local NAIPC® chapter (*additional dues apply*). Each delegate, including the three delegates within the main corporate membership, joins chapters individually.

- Boston, MA**—\$50 per delegate
- Greater Atlanta, GA**—\$50 per delegate
- Greater Charleston, SC**—\$50 per delegate
- Greater Kansas City Area**—\$50 per delegate
- Greater Pittsburgh**—\$50 per delegate
- Jackson, MS**—\$50 per delegate
- Long Island, NY**—\$60 per delegate
- Minneapolis/St. Paul, MN**—\$50 per delegate
- Naples, FL**—\$25 per delegate
- New Hampshire**—\$50 per delegate
- Orange County, CA**—\$60 per delegate
- Philadelphia, PA**—\$0 per delegate
- San Diego, CA**—\$60 per delegate
- Tri County of Greater Los Angeles**—\$50 per delegate
- Triangle, NC**—\$35 per delegate
- Western and Central Virginia**—\$50 per delegate

NAIPC® Corporate Membership = \$ _____

Add'l Delegates _____ @ \$100 per person = \$ _____

Local Chapter Dues (include dues for each delegate) = \$ _____

Total Payment \$ _____

Primary Delegate Information

Name _____

Firm/Company _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

2nd Delegate Information

Name _____

Firm/Company _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

3rd Delegate Information

Name _____

Firm/Company _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

Please return form and payment to:

National Aging in Place Council®
 1400 16th Street NW · Suite 420 · Washington, DC 20036
 Tel. 202.939.1770 · Fax. 202.265.4435
www.NAIPC.org

****Please review the information on page 5 of this application regarding the background check requirement.**

Payment Information

Check payable to NAIPC® Visa MasterCard AmEx

Card Number _____

Expiration Date _____

Security Code _____

Name on Card _____

Signature _____

Billing Address _____

If you have any questions, please contact Jessica Hoefler at jhoefler@dworbell.com or (202) 939-1796



Additional Delegates

Additional Delegate Information

Name _____

Firm/Company _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

Additional Delegate Information

Name _____

Firm/Company _____

Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

Additional Delegate Information

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National Aging in Place Council®

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www.ageinplace.org

Additional Delegate Information

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City, State, Zip _____

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Join Local Chapter _____ Dues _____

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Street Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email Address _____

Website _____

Join Local Chapter _____ Dues _____

Service Provider Listing Form



Upon approval of your membership application, a service provider listing will be created for each delegate on ageinplace.org. Please submit one Service Provider Listing Form per delegate to include any information that should appear on each delegate's service provider listing.

Name _____ Firm/Company _____

Street Address _____ City, State, Zip _____

Telephone _____ Fax _____

Email Address _____ Website _____

Local Chapter _____

Please indicate your category of service. Select, ONLY, one primary and one secondary option and mark it with a P or a S.

<input type="checkbox"/> Adult Day Services/Day Care	<input type="checkbox"/> Housing
<input type="checkbox"/> Advisory Services	<input type="checkbox"/> In-Home Care/Caregiving
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Independent Living Community
<input type="checkbox"/> Architecture	<input type="checkbox"/> Insurance Services
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Interior Design/Home Remodeling
<input type="checkbox"/> Audiology	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Cleaning Services	<input type="checkbox"/> Lifestyle Transition Services
<input type="checkbox"/> CPA	<input type="checkbox"/> Meal Providers
<input type="checkbox"/> Daily Money Management	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> Education on Aging	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Elder Law	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Elder Mediation	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Emergency System Services	<input type="checkbox"/> Products
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Public/Non-Profit Resources
<input type="checkbox"/> Fitness	<input type="checkbox"/> Publications
<input type="checkbox"/> Funeral Care	<input type="checkbox"/> Real Estate Services
<input type="checkbox"/> Geriatric Care Management	<input type="checkbox"/> Respite Services
<input type="checkbox"/> Gerontology	<input type="checkbox"/> Reverse Mortgage/Home Financing
<input type="checkbox"/> Health	<input type="checkbox"/> Senior Communications
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Senior Move Manager
<input type="checkbox"/> Home Accessibility Consultants	<input type="checkbox"/> Senior Placement
<input type="checkbox"/> Home Organizing	<input type="checkbox"/> Technology
<input type="checkbox"/> Hospice	<input type="checkbox"/> Transportation

To include any additional information in your service provider listing (company overview, service provider biography, images, etc.), please email jhoefer@dworbell.com. Please include your full name and the name of your firm/company in the email.



Code of Conduct

Members of the National Aging in Place Council® are mindful that their success depends upon honor and integrity. To this end, NAIPC® members are bound by the following Code of Conduct. Each delegate must send a signed Code of Conduct.

1. Every member is committed to treating all clients, their families, and friends with respect and dignity.
2. Every member is committed to conducting themselves with the utmost honesty and integrity in his or her community.
3. Every member will take appropriate measures to maintain competence in their profession.
4. Every member will protect a client's privacy and confidentiality.
5. Every member promises that any product sold will be consistent with the needs of the client.
6. If alternative options are available, a member will present all available options they offer that fit the needs of the consumer, as articulated by that consumer.
7. Every member will only suggest a third party company they know and trust.
8. Every member will take responsibility to report any suspected abuse or violations of the Code of Conduct of NAIPC® members to the National Aging in Place Council®.
9. Every member will make a good-faith effort to resolve concerns received from individuals regarding any service or product.
10. Every member will encourage clients to talk to family or other trusted advisers

Printed Name _____

Signature _____

Date _____

Background Check Requirement



NAIPC® requires all members to pass a background check. To be approved for membership, you must provide proof of a passing background check. This applies to all classes of membership, including individual members as well as delegates of a corporate membership. The background check must be conducted on the person wishing to join NAIPC®, not on the company. Thereafter, the background check must be updated every three years.

Individuals who have had a background check conducted previously for their profession or some other licensure or certification may submit that documentation to the NAIPC® National Office, in lieu of initiating a new background check. The documentation must include:

- Name of member
- Date of background check
- Agency that performed the background check
- Result of the background check

For the convenience of individuals who have not had a background check performed in the last three years, NAIPC® has partnered with monitorbgc.com to administer the required background check. The National Aging In Place Council® Screening Package costs \$25, (plus any additional court or county fees if needed). To request a background check, please follow these instructions:

1. Contact Peter Yvanovich to request a background check, either by email (peter@monitorbgc.com) or regular mail (mailing address listed below). Your request must include the following: name, email address, date of birth, social security number, and a note that the background check is being conducted for NAIPC® Membership.
2. Submit payment in the form of a check for \$25 made out to “New England Inventory & Appraisal Services, Inc.” Check should be mailed to:

New England Inventory & Appraisal Services, Inc.
77 Boxboro Road
Stow, MA 01775

Once payment has been received, the background check will be conducted.

3. Members will receive the result of their background check via email within 2-3 business days of receipt of payment and should forward the information to the NAIPC® National Office (contact information listed below).

Go to www.monitorbgc.com if you wish to learn more about the background checks. For customer assistance, please contact peter@monitorbgc.com or call (978) 807-0589; Monday-Friday, 8am-5pm EST. When calling, please identify yourself as a “National Aging in Place Council” member.

Please send your background check documentation to:

NAIPC®
ATTN: Jessica Hoefler
1400 16th Street NW
Suite 420
Washington, DC 20036
jhoefler@dworbell.com
Fax: (202) 265-4435