

Corporate Membership Application

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 listings for **three** individuals (delegates).

Additional Delegates – \$100

If your company already has three corporate delegates, you can become an additional delegate for \$100. 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 of this application.

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.

- Baltimore Chapter** - \$50 per Delegate
- Orange County Chapter** - \$60 per Delegate
- Metro DC Chapter** - \$50 per Delegate
- Greater Seattle Chapter** - \$50 per Delegate
- Orlando, Central Florida Chapter** - \$25 per Delegate
- Rhode Island Chapter** - \$50 per Delegate
- Greater Atlanta Chapter** - \$50 per Delegate
- Jackson, MS Chapter** - \$50 per Delegate

NAIPC Corporate Membership = \$ _____

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

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

Total Payment \$ _____

Payment Information

- Check payable to NAIPC® Visa MasterCard AmEx

CARD NUMBER _____ EXP. DATE _____

EXP. DATE _____ SECURITY CODE _____

SIGNATURE _____ DATE _____

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE SELECT ONE CATEGORY OF SERVICE FOR WEBSITE LISTING

- | | |
|---|---|
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Interior Design/Home Remodeling |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Lifestyle Transition Services |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Products |
| <input type="checkbox"/> Home Accessibility Consultants | <input type="checkbox"/> Public/Non-Profit Resources |
| <input type="checkbox"/> In-Home Care | <input type="checkbox"/> Real Estate Services |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Reverse Mortgages/Home Financing |

If you have any questions, please contact Adam Gerber at agerber@dworbell.com

Primary Delegate Information

FIRST NAME _____ LAST NAME _____

FIRM/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

WEBSITE _____

Join Local Chapter: _____ Dues \$: _____

2nd Delegate Information

FIRST NAME _____ LAST NAME _____

FIRM/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

WEBSITE _____

Join Local Chapter: _____ Dues \$: _____

3rd Delegate Information

FIRST NAME _____ LAST NAME _____

FIRM/COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____

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

Additional Delegates

If your company already has three corporate delegates, you can become an additional delegate for \$100. Be sure to include these delegates in the payment section on first page of this application. Also include any local chapter dues that apply for each delegate.

Additional Delegate Information

FIRST NAME	LAST NAME	
FIRM/COMPANY		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		

Additional Delegate Information

FIRST NAME	LAST NAME	
FIRM/COMPANY		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		

Additional Delegate Information

FIRST NAME	LAST NAME	
FIRM/COMPANY		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		

Additional Delegate Information

FIRST NAME	LAST NAME	
FIRM/COMPANY		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		

Additional Delegate Information

FIRST NAME	LAST NAME	
FIRM/COMPANY		
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EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		

Additional Delegate Information

FIRST NAME	LAST NAME	
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EMAIL		
WEBSITE		
<input type="checkbox"/> Join Local Chapter: _____ Dues \$: _____		