ORGANIZATION INFORMATION

Name: 
Address: 
City: 
State & Zip: 
Main Phone #: 
Website: 
Phone #: 
Social Media Handle(s):

CONTACT INFORMATION

Primary Contact: 
E-Mail: 
Phone #: 
Title: 
Secondary Contact: 
E-Mail: 
Phone #: 
Title:

MEMBERSHIP TYPE/DUES

☐ Non-Profit Organization 
(501c(3) status) 
$300
☐ Individual/Professional 
$50
☐ For-Profit Organization 
$500
☐ Project Lifesaver International 
Complimentary with an active PLI membership

Membership Dues

Annual membership dues are determined by organization type & affiliation and will be prorated depending on month membership is activated. Once the application is completed and returned, a Membership Coordinator will provide an official payment form.

SERVICES PROVIDED (Check all that apply)

☐ Adult Day Program 
☐ Alzheimer's-Specific Products 
☐ AFA Memory Screening Site 
☐ Caregiver Support 
☐ Case Management 
☐ Companion Services 
☐ Dementia Care 
☐ Elder Law 
☐ Home Health Care 
☐ Information Referral Center 
☐ Long-term Care 
☐ Multilingual Services/Info 
☐ Nursing Services 
☐ Respite Care 
☐ Religious/Cultural Services

Support Services 
Senior Center 
Young-Onset Programs 
Other
**ADDITIONAL QUESTIONS**

What are the immediate needs of your organization?

What are the long-term needs facing your organization?

What additional programs/services would you like to offer in the future?

**MEMBERSHIP APPLICATION CHECKLIST**

*Use the following checklist to ensure that you have completed and compiled everything to submit for AFA membership.*

- Completed Application Form
  - Organization Information
  - Contact Information
  - Organization Type
  - Services Provided
  - Additional Questions
- Copy of your organization’s latest IRS form 990 *(Pages 1-2 only)*
- Letter of 501(c)(3) status *(Required for Non-Profit Orgs)*

Questions? Give us a call at 866-232-8484 and ask to speak with a National Membership Coordinator today!

Thank you for your information!