

## ORGANIZATION INFORMATION

Name:

Address:

City:  State & Zip:

Main Phone #:  Website:

Social Media Handle(s):

## CONTACT INFORMATION

Primary Contact: <input type="text"/>	Secondary Contact: <input type="text"/>
E-Mail: <input type="text"/>	E-Mail: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>
Title: <input type="text"/>	Title: <input type="text"/>

## MEMBERSHIP TYPE/DUES

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Non-Profit Organization</b><br><i>(501c(3) status)</i><br><b>\$300</b> | <input type="checkbox"/> <b>For-Profit Organization</b><br><b>\$500</b>   |
| <input type="checkbox"/> <b>Individual/Professional</b><br><b>\$50</b>                             | <input type="checkbox"/> <b>Project Lifesaver International</b><br><b>Complimentary with an active PLI membership</b> |

### 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)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Adult Day Program             | <input type="checkbox"/> Companion Services          | <input type="checkbox"/> Long-term Care              | <input type="checkbox"/> Support Services     |
| <input type="checkbox"/> Alzheimer's-Specific Products | <input type="checkbox"/> Dementia Care               | <input type="checkbox"/> Multilingual Services/Info  | <input type="checkbox"/> Senior Center        |
| <input type="checkbox"/> AFA Memory Screening Site     | <input type="checkbox"/> Elder Law                   | <input type="checkbox"/> Nursing Services            | <input type="checkbox"/> Young-Onset Programs |
| <input type="checkbox"/> Caregiver Support             | <input type="checkbox"/> Home Health Care            | <input type="checkbox"/> Respite Care                | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Case Management               | <input type="checkbox"/> Information Referral Center | <input type="checkbox"/> Religious/Cultural Services |   |

## ADDITIONAL QUESTIONS

What are the immediate needs of your organization?

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What are the long-term needs facing your organization?

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

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## 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)*

**Return completed application and supporting documentation via email to: [membership@alzfdn.org](mailto:membership@alzfdn.org)**

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

**THANK YOU FOR YOUR INFORMATION!**