

ORGANIZATION INFORMATION

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

CONTACT INFORMATION

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

MEMBERSHIP TYPE/DUES

<input type="checkbox"/> Non-Profit Organization (501(c)(3) status) \$300	<input type="checkbox"/> For-Profit Organization \$500
<input type="checkbox"/> Individual/Professional \$50	<input type="checkbox"/> 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. Discount is offered when enrolling multiple agency sites/locations. 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?

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)

**Return completed application
and supporting documentation
via email to:
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!