

## Who Is Eligible for Individual Associate Membership?

Any person who is a student, a retired aging services professional, or an aging service professional who currently is unemployed and is seeking a new aging services position is eligible for individual membership.

## Benefits of Individual Associate Membership

Individual members enjoy the following benefits:

- All informational mailings sent to members
- Access to the member/subscriber website
- The opportunity to attend regional meetings.
- The opportunity to serve as resource members on LeadingAge Wisconsin committees (but individual associate members have no voting rights). This provides you the opportunity to share your expertise and obtain updated information in areas such as advocacy, public policy, regulatory issues, reimbursement issues, budget & finance issues, member services, educational programs, and clinical issues.
- Member/Subscriber rates to attend all LeadingAge Wisconsin educational events.
- You will be affiliated with the largest association representing not-forprofit aging service providers in Wisconsin.

#### **Individual Associate Member Dues**

The annual dues for individual associate members currently are set at \$125.

# LeadingAge Wisconsin

Better Services for Better Aging

Individual
Associate Membership:
For specified individuals
with a vested interest
in the work we do



**Individual Associate Membership:** 

For those at any stage of their professional healthcare career who are not currently employed and who share our passion for caring for others.

# Application for Individual Associate Membership

Name		
Address		
City		Zip
Telephone Number:		
Fax Number:		
eMail Address:		
Do you currently serve on the staff or bo tial facility, residential care apartment co  Yes  No		
What are your reasons for seeking indivi do you anticipate from such membership	ρ?	dingAge Wisconsin and what benefits
Individual Member Annual		
Please return your completed application to info@LeadingAgeWI.org. You may send you LeadingAge Wisconsin Board of Directors a	ir dues payment now, or we can bill yo	
I certify that all information provided above	is true and correct to the best of my k	knowledge.
Signed		Date
(Individual Member Applicant)		