

Coalition for Older Adult Health Promotion

MEMBERSHIP & DUES REQUEST

2017

According to the COAHP bylaws, "Annual membership dues are assessed for an individual membership of per agency/organization/program. An individual membership fee is charged for each additional person or program within an agency/organization.

Complete the section below that reflects your membership status
2017 Membership Dues:

- Organization/Agency/Program Membership.....Dues \$40.00
- Individual Membership.....Dues \$20.00

Name of Organization/Agency/Program _____

Name of Primary Contact _____

Mailing Address _____

City/State/Zip _____

Phone: _____ Email Address: _____

Name(s) and e-mail address of up to 5 organization members/employees who will attend under membership:

| Name | Email address |
|------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Type of Business: (Please circle) DME/Equipment Provider Financial/Planning/Investment
 Government Agency Home Health Provider Insurance
 Law Living Community Non-Profit
 State Program Other _____

Please consider contributing to our COAHP Make a Wish or Scholarship program

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|---------------------------------------------------------------------------------------------------------|
| COAHP Make a Wish |
| Pledge my gift of: _____ \$10 _____ \$20 _____ \$30 _____ \$40 _____ \$50 _____ \$100 |

| |
|---------------------------------------------------------------------------------------------------------|
| Scholarship Program |
| Pledge my gift of: _____ \$10 _____ \$20 _____ \$30 _____ \$40 _____ \$50 _____ \$100 |

PLEASE MAKE CHECKS PAYABLE TO: Coalition for Older Adult Health Promotion (COAHP)
 Send to: COAHP, P.O. Box 57201, Lincoln, Nebraska 68510