MEMBERSHIP APPLICATION

International Council on Active Aging
ICAA • 3307 Trutch St. • Vancouver, B.C., Canada V6L 2T3 • 866.335.9777 604.734.4466

FAX IT FAST 604.708.4464

JOIN ICAA and become part of a network of professionals committed to improving the quality of life for older adults

Name_____ Title _____

Organization/agency_____

Mailing address _____

City _____ State/province _____

Country _____ Zip/postal code _____

Phone (_____)_____ Fax (_____)_____

E-mail _____

MEMBERSHIP OPTIONS

ICAA's annual membership includes the Journal on Active Aging, ICAA Research Review, ICAA Functional U, ICAA Showroom, ICAA Preferred Vendors Guide, ICAA Developer's Guide and a listing on the ICAA Services Locator.

MEMBERSHIP DUES

Organization member, 1- 4 locations (includes 5 staff per location)	($619 each location)_____
Organization member, 5-13 locations (includes 5 staff per location, at least 5 locations must be enrolled)	($389 each location)_____
ICAA 100, 14+ locations (includes 5 staff per location)	($5,000, flat fee)_____
Individual	($209)_____

SUBSCRIPTION ONLY

Nonmembers may receive two ICAA publications by subscription.

Journal on Active Aging (6 issues)	($109)_____
ICAA Functional U (6 issues, on-line)	($75)_____
	TOTAL $_____

PAYMENT INFORMATION

All prices in US Dollars

☐ Check (payable to International Council on Active Aging)

☐ Please charge my VISA or MasterCard

_____ / _____ / _____ /_____

Card Number

_____

Expiration Date

_____

X_____

I acknowledge by signing this membership application I am requesting the ICAA to charge my credit card or cash my check for the amount shown on this form.

Questions? Call ICAA Member Services, toll free 866-335-9777

MEMBER REFERRAL

Did a colleague refer you to ICAA? Please write name and e-mail address.

_____

_____

If your colleague is a member of ICAA, she or he will be entered into a drawing.

MEMBER PROFILE

How did you hear about the ICAA?

_____

Which of the following best describes your affiliation. (Check one)

____Active adult community
____Assisted living
____Independent living
____Skilled nursing
____CCRC
____Area Agency on Aging
____Hospital, rehab, wellness center
____YMCA/YWCA/JCC
____Municipality
____College/university
____Health club
____Corporate fitness center
____Personal training studio
____Association
____Other (Please specify)

_____

# of locations? _____

Will you be expanding, renovating or moving into your community/ center the next 6 months?

☐ Yes ☐ No