

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

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Required)  
Organization/Agency \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## MEMBERSHIP OPTIONS

## MEMBERSHIP DUES\*

Organization member, 1-4 locations (\$669 each location) \_\_\_\_\_  
(includes 5 staff per location)  
Organization member, 5-13 locations (\$415 each location) \_\_\_\_\_  
(includes 5 staff per location, at least 5 locations must be enrolled)  
ICAA 100, 14+ locations\*\* (\$5,650, flat fee) \_\_\_\_\_  
(includes 5 staff per location)  
Individual (\$225) \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

In the fees you pay to ICAA, \$125 per person is the annual price for 7 issues of the Journal on Active Aging and a complimentary copy of the ICAA Corporate Partners Guide.

\* Fees subject to change. \*\* Some restrictions apply. Call for information.

## 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 \_\_\_\_\_

CVV \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

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

## MEMBER REFERRAL

Did a colleague refer you to ICAA?  
Please write name and email 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 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) \_\_\_\_\_

No. of locations? \_\_\_\_\_

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

- Yes  No