



Lehigh Valley Aging in Place

P.O. Box 3103
Allentown, PA 18106
info@lvaginginplace.org
877-334-8942

New Membership Application

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: _____ Website: _____

What products or services do you provide to the senior population? _____

How long have you been in business providing this service/product? _____

Please list associations /organizations in which you hold memberships: _____

LVAIP Referring Member: _____

Business references:

Name: _____ Company: _____

Address: _____ Phone Number: _____

Name: _____ Company: _____

Address: _____ Phone Number: _____

Annual Membership dues: \$145. Membership provides one listing in the Annual Resource Guide and all other rights and privileges of membership. Joining after resource guide printing, member listing will display online and dues will be prorated as follows: October -December \$110; January-March \$75; April-June \$45

**Membership is pending until approved by Board of Directors. After approval, Member will be notified and will complete Member Profile through our online membership portal and make payment of membership dues.

I have reviewed the information provided in this membership application and confirm that this information is correct to the best of my knowledge. By applying for membership to Lehigh Valley Aging in Place (LVAIP), I agree to abide by the bylaws and Code of Ethics of the Coalition.

Signature _____ Date _____