



# Lehigh Valley Aging in Place

P.O. Box 3103  
Allentown, PA 18106  
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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: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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 \_\_\_\_\_