



2017 Associate Membership Application

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

I understand that, in accordance with the association's bylaws, Associate Membership may be granted to individuals who are not affiliated with an eligible provider; and Associate Members may not have the right to vote or to serve on the Board of Directors, but may serve on committees as assigned by the Chair.

2017 Associate Member Dues: \$100

Please return this completed application along with payment in the form of check or credit card. If you would like to pay by credit card please complete the following information:

MasterCard Visa American Express

Name on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Credit Card No: _____ Exp. Date: _____

Verification Code: _____ (3-digit code on back of Visa/MC; 4-digit code on front of Amex)

Signature: _____

Thank you for your support!

Please return this completed application by email to LHenderson@LeadingAgeMENH.org or by mail to
LeadingAge Maine & New Hampshire | PO Box 154 | Newmarket, NH 03857-0154