BUSINESS ASSOCIATE APPLICATION

➢ Receive up-to-the minute information on developments affecting the industry via our "News in Brief".
➢ Get to know the management personnel who make purchasing decisions in member communities.
➢ Receive discounted member rates on conference/workshop registrations, and exhibitor space at trade shows.
➢ Business listing in LeadingAge Oregon Electronic Membership Directory.

This information will be listed in the Member Directory:

Company Name: _____

Address: _____City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Representative: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Tells us something about your business/company:

_____

_____

_____

_____

_____

Please select up to ==two categories== that you wish to be listed under.

❑ Accounting	❑ Ambulance Services	❑ Architectural Services
❑ Associations/Organizations	❑ Attorneys at Law/Legal Services	❑ Buses
❑ Communications/Phone Systems & Services	❑ Computer/IT Products & Services	❑ Consulting Services
❑ Contractors/Construction	❑ Developers	❑ Education/Research
❑ Emergency Services	❑ Energy Efficiency	❑ Financial Services
❑ Food Products & Services	❑ Furnishings	❑ Graphic Design
❑ Insurance	❑ Janitorial Equip., Prod. & Services	❑ Kitchen Equip., Prod. & Services
❑ Laundry Equip, Prod. & Services	❑ Management Services	❑ Marketing & Promotional
❑ Medical Equip., Prod. & Services	❑ Painting	❑ Payroll & Time Tracking
❑ Pharmacy	❑ Recruitment/Staffing	❑ Rehabilitation Services
❑ Roofing	❑ Technology Prod. & Services	❑ Vehicle Sales/Service/Parts
❑ Other: _____		

Payment Information

- ❑   Annual Business Associate Dues - $400.00
- ❑   Voluntary LeadingAge Oregon PAC Donation- $50.00

Billing Information:

Contact Name: _____Title: _____

Billing Address: _____City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Authorized Signature: _____ *Date:* _____

Staff Contact Form

Please list staff you would like to be listed in the LeadingAge Oregon's database so that they may receive publications and other relevant membership materials directly.

Name: _____ Title: _____

Email: _____ Phone: _____
Include in online directory? ❑ Yes   ❑ No

Name: _____ Title: _____

Email: _____ Phone: _____
Include in online directory? ❑ Yes   ❑ No

Name: _____ Title: _____

Email: _____ Phone: _____
Include in online directory? ❑ Yes   ❑ No

Name: _____ Title: _____

Email: _____ Phone: _____
Include in online directory? ❑ Yes   ❑ No

Name: _____ Title: _____

Email: _____ Phone: _____
Include in online directory? ❑ Yes   ❑ No