



2020 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 also do not qualify to be a Business Member. Associate Members are non-voting members though may be eligible to serve on the Board of Directors or committees. Membership does not imply endorsement by LeadingAge Maine & New Hampshire, and membership may be revoked at any time.

2020 Associate Member Dues: \$100

☐ Pay by Check ☐ MasterCard ☐ Visa ☐ American Express

Name on Credit Card: _____

Billing Address: _____

Credit Card No: _____ Exp Date: _____

Verification Code: _____ (3-digit number on back of card or 4-digit on front of AmEx card)

Signature: _____

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