

CORPORATE PARTNER APPLICATION

AGING (i)fe CARE®
A S S O C I A T I O N

A one-time \$25 application fee is required. Annual partnership fees are effective from January to December of each calendar year. Please visit our website for mid-year rates and details on Bronze, Silver, Gold, and Platinum Partnership Levels.

Company Name

Mailing Address

City State /Province Zip Country

Phone Fax

Website Company Facebook/Twitter/Instagram/LinkedIn

Name of 1st Company Representative Email Phone (For Staff/Chapter Use Only)

Name of 2nd Company Representative Email Phone (For Staff/Chapter Use Only)

Name of 3rd Company Representative Email Phone (For Staff/Chapter Use Only)

All representatives are eligible to receive Corporate Partner Benefits.

ADDITIONAL INFORMATION

Please provide the following information, which will be included in your listing on our website. Electronic format is preferred for all the documentation listed below. Please email to jwagner@aginglifecare.org.

1. A 25-40 word (maximum) description of the products or services your company offers, which will be used for your Find a Corporate Partner website listing.
2. Company Logo (jpeg or gif)
3. Website Link

Corporate Partner Web Listing Categories - Choose One:

- | | | |
|---|---|--|
| ☐ ALC Business Services | ☐ Home Modification and Accessibility | ☐ Senior Living Facilities |
| ☐ Education | ☐ Incontinence Products | ☐ Software and Technology |
| ☐ End-of-Life Services | ☐ Legal, Fiduciary and Financial Services | ☐ Transportation |
| ☐ Healthcare Products | ☐ Realty, Relocation and Design | ☐ Website and Marketing |
| ☐ Home Care Agencies | ☐ Recreational Engagement | |

CHAPTER PARTICIPATION (included)

You will automatically be assigned to an ALCA Chapter, based on your business address (Chapters listed to the right). If you wish to participate in a different chapter, please indicate here: _____.

Chapter participation is included in your Partner Fees. However, if you wish to participate in an additional chapter(s), cost for each additional chapter is \$50. Please list additional chapters here: _____.

Florida: Florida, Puerto Rico, Virgin Islands

Mid-Atlantic: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Midwest: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, Ontario

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Quebec

New Jersey

New York

Southeast: Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee

South Central: Arkansas, Louisiana, Oklahoma, Texas

Western Region: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, British Columbia

CORPORATE PARTNER CATEGORY DESCRIPTION

CORPORATE PARTNER – A non-voting industry supporter of Aging Life Care Association (ALCA) who is not solely in the direct practice of Aging Life Care/care management as defined by ALCA, but has an interest in the field including elder law attorneys, physicians, educators, researchers, employees of home health agencies, nursing homes, assisted living facilities, manufacturers or distributors of durable medical equipment or other products or services related to the care of elders. Partnerships may include up to three company representatives. Please visit our website at aginglifecare.org for details on Bronze, Silver, Gold, and Platinum Partnership levels.

Send your application to:

ALCA
Attention: Corporate Partner Program
3275 W. Ina Road, Suite 130
Tucson, AZ 85741
p 520.881.8008
f 520.325.7925
dthomas@aginglifecare.org

CORPORATE PARTNER CODE OF CONDUCT

We recognize our Corporate Partners play an important role in the success of the mission and vision of the Aging Life Care Association. To reinforce the standards to which we are committed, we ask that our Corporate Partners agree to the ALCA Corporate Partner Code of Conduct.

Code of Conduct:

1. Work together with Aging Life Care Professionals to help adults and their families live well as they face the challenges of aging.
2. Develop mutually beneficial relationships built on trust and respect.
3. Conduct business with integrity, adhering to high standards of ethics.
4. Comply with all applicable laws, rules, and industry regulations.
5. Promote products and services in a transparent and honest manner.
6. Employ pricing strategies and fee structures that do not include fee splitting, referral fees, or other similar arrangements that could influence an Aging Life Care Professional's recommendations for their client(s). Discounts or pricing strategies that are passed along to the client are acceptable.

ALCA reserves the right to decline to accept, or discontinue, as a Corporate Partner any firm that is not willing or able to agree and adhere to this Code.

Please read and check each box to indicate agreement with these conditions:

- ☐ I certify that the statements herein are correct.
- ☐ As an authorized representative, I confirm that the Company will adhere to the ALCA Corporate Partner Code of Conduct.
- ☐ I understand that my application will not be processed until payment is received by ALCA.
- ☐ I understand that the company contact information provided will be published in the Find a Corporate Partner listing on the website.
- ☐ Please process this application at the following level
 - ☐ General Partner (\$750) ☐ Senior / Assisted Living Partner (\$1,000) ☐ Home Care Partner (\$1,500)
 - ☐ Bronze (\$2,500) ☐ Silver (\$6,000) ☐ Gold (\$10,500) ☐ Platinum (\$15,000 / \$25,000)
- ☐ Partnership fee and \$25.00 application fee are included with this application.

Signature	Printed Name	Date
Payment: ☐ Check enclosed	☐ VISA/MC/AMEX # _____	Exp. _____

Cardholder's Name (please print)	Signature
Total Enclosed (Partnership + \$25 application fee): _____	

How did you hear about us?

- ☐ Referred by ALCA Member / ALCA Partner _____
- ☐ Internet ☐ Employer ☐ Colleague _____ ☐ Conference ☐ Other _____

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