

APPLICATION

CONTACT INFORMATION

Please type or print all information:

Entity Name _____

Address _____

City/State/Zip _____

Country _____

Primary Contact _____

Title _____

Phone _____ Fax _____

E-mail _____

Billing Contact _____

Title _____

E-mail _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Others from your entity:

Name/Title _____

E-mail _____

Name/Title _____

E-mail _____

ENTITY INFORMATION

Website _____

Description of entity, including technology projects, products, services or research:

MEMBERSHIP TYPE & DUES

Please return payment with completed form:

- Business Member** (Vendors & Non-AAHSA service providers)
 - Annual revenue > \$100 Million \$10,000
 - Annual revenue \$10 – 100 Million \$5,000
 - Annual revenue <\$10 Million \$2,500
- Association Member**
 - Annual budget >\$20 Million \$10,000
 - Annual budget \$5 – 20 Million \$5,000
 - Annual budget <\$5 Million \$2,500
- AAHSA Service Provider Member** N/A
- IAHSA Service Provider Member** N/A
- University Member** N/A

METHOD OF PAYMENT

- Check enclosed, payable to AAHSA Attn: CAST
- Purchase Order
- MasterCard Visa American Express
- Credit Card Number _____
- Expiration Date _____
- Cardholder Name _____
- Signature _____

Fax to:

CAST Membership (202)220-0032

or Mail to:

American Association of Homes and Services for the Aging - CAST

P.O. Box 758651

Baltimore, MD 21275

SPONSORSHIP OPPORTUNITIES

Contact CAST for a complete listing of sponsor benefits.

- Business Member Sponsorship**
 - Platinum sponsor (includes 3 yrs. dues) \$100,000
 - Gold sponsor (includes 2 yrs. dues) \$50,000
 - Silver sponsor (includes 1 yr. dues) \$25,000
- AAHSA Service Provider Member Sponsorship**
 - Platinum sponsor \$50,000
 - Gold sponsor \$25,000
 - Silver sponsor \$10,000

For AAHSA Use Only
Date: _____ Amount: \$ _____ ID# _____

CAST is a program of the American Association of Homes and Services for the Aging.